

Friends of the Orpheum Theatre

Mail payment and completed form to: 203 West Adams Street, Phoenix, AZ 85003-1602

CONFIDENTIAL PERSONAL INFORMATION

PLEASE PRINT CLEARLY

Last Name:		First Name:	
Address:			
City:	Zip Plus 4:	Phone: ()	
E-Mail Address:	Badge Name: (New Members Only)	Check One: (<input checked="" type="checkbox"/>) <input type="checkbox"/> Returning Member <input type="checkbox"/> New Member	

EMERGENCY LOCAL CONTACTS – Please give 2

Last Name:	First Name:	Phone: ()	Relationship
Last Name:	First Name:	Phone: ()	Relationship

INTEREST: Please check () what you want to do ...

<input type="checkbox"/> Usher <input type="checkbox"/> Retail Cart <input type="checkbox"/> Archives <input type="checkbox"/> Docent <input type="checkbox"/> Outreach <input type="checkbox"/> Newsletter <input type="checkbox"/> Publicity <input type="checkbox"/> Membership <input type="checkbox"/> Speakers Bureau <input type="checkbox"/> Special Events <input type="checkbox"/> Usher Captain <input type="checkbox"/> Board Member

PHYSICAL REQUIREMENTS – “Yes” may limit, but not prevent, participation in our organization.

I have difficulty ...			
• Standing for long periods of time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Climbing stairs while on duty.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Working in the balcony while on duty.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Lifting or carrying programs while on duty.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

UNDERSTANDING – I understand that:

• I will be required to pay an annual membership fee: <input type="checkbox"/> Individual \$20.00 <input type="checkbox"/> Couple \$30.00 <small>(2 People at the same address)</small>
• I am available to work daytime performances <input type="checkbox"/> Yes <input type="checkbox"/> No
• I grant permission to include my name, address, telephone number and email address in a directory distributed to members only. <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____ Date: _____

By signing this form, I further understand and agree that on occasion photos of any member may appear, unidentified, on the FOTOT website, without that member's specific permission.

FOR OFFICE USE ONLY: <input type="checkbox"/> Single \$20 <input type="checkbox"/> Couple \$30 (residing at the same address)
PAID: Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ Date Trained: _____
Position(s): <input type="checkbox"/> Usher <input type="checkbox"/> Retail <input type="checkbox"/> Other _____