



NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE: home _____ mobile _____ work _____

EMAIL: _____

CHECK PREFERRED METHOD OF CONTACT: home _____ mobile _____ work _____ email _____

CHECK ONE: MEMBERSHIP RENEWAL _____ NEW MEMBER _____

TYPES OF MEMBERSHIP: Membership year begins, and is renewable on, September 1.
Add \$2.00 for each additional member In household for each membership type:

Regular full year: \$16 _____ (September 1 – August 31)

List additional family members (\$2 each) _____

Regular ½ Year: \$9 _____ (for persons joining between March 1 and August 31)

List additional family members (\$2 each) _____

Sponsor: \$25 _____

List additional family members (\$2 each) _____

Angel: \$50 _____

List additional family members (\$2 each) _____

CHECKS SHOULD BE MADE PAYABLE TO: Orange Players

Please mail completed form and payment to:

Bruce Spiewak, Orange Players Membership Chair

945 Red Fox Road

Orange, CT 06477

Do not write below this line:

For office use only

Date Received: _____

Amount Received: _____

Date to Treasurer: _____

New Member: Check _____ Cash _____

Renewal: Check _____ Cash _____