



Join The Last Resort Players

Name: _____

Address: _____

_____ **Phone#** _____

Email: _____

Volunteer Interests (Check as many as you wish)

Administrative ___ **Directing** ___ **Sound Tech** ___ **Set Handling** ___

Advertising ___ **Singing** ___ **Performing** ___ **Set Design** ___

Costume ___ **Lighting** ___ **Props** ___ **Set Construction** ___

Dancing ___ **Publicity** ___ **Producing** ___ **Makeup** ___

Background _____

Annual Dues (January 1 to December 31)

Individual \$20.00 ___

Family \$30.00 ___

Complete and mail application form with membership dues to:

The Last Resort Players

PO Box 2104

Florence, OR 97439