



Yes! I want to be a Borelian!

Membership type: Single (\$20.00) ____ Family (\$25.00) ____

Name (s): _____

Address _____

Street: _____

City/Town: _____

Postal Code: _____ Birthdate (day/month only!): _____

Phone: _____

Email: _____

Interests: (Please check all applicable boxes)

Actor ____ Director ____ Stage Manager ____

Producer ____ Front House ____ Set Building ____

Set Décor ____ Props ____ Costumes ____

Promotion ____ Lighting ____ Sound ____

Executive ____

Method of Payment: Cash ____ Cheque ____ VISA/MC ____

Cardholder Name: _____

VISA/MC #: _____

Expiry Date: _____

Signature: _____ Date: _____

For Borelian Use only: