



Marshfield Performing Arts Society, Inc.  
DBA Marshfield Community Theatre (MCT)  
2023 Membership Application  
P.O. Box 344, Marshfield, MO 65706

Yes, I want to join the Marshfield Performing Arts Society, Inc. DBA Marshfield Community Theatre (MCT) for 2023. I understand my membership runs from Jan. 1 – Dec. 31, 2023. I understand that I may join any time during the year, but the membership dues will not be prorated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mark the following and make checks payable to: Marshfield Community Theatre or MCT

Adult Membership (\$10)       Student Membership (\$5)       Family Membership (\$25)

If you want to add any additional member options, mark an selection below. See the perks on the back of this form.

Performer Level (\$40)       Director Level (\$75)

### MEMBER INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email

### INTERESTS & INVOLVEMENT

My interests for MCT productions are (check all that apply):

On stage       Back stage       Support (construction, costumes, tickets, publicity, etc.)

My interests serving on a committee(s) are (check all that apply):

Production Planning       Education       Marketing       Membership

IF YOU ARE FILLING OUT A FAMILY MEMBERSHIP, PLEASE SEE THE NEXT PAGE.

## PLEASE COMPLETE THE FOLLOWING FOR FAMILY MEMBERSHIPS

ADDITIONAL MEMBER NAME

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

ADDITIONAL MEMBER NAME

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

ADDITIONAL MEMBER NAME

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

ADDITIONAL MEMBER NAME

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_

### ADDITIONAL MEMBERSHIP OPTIONS

#### **Performer Level (\$40)**

- 2 tickets, each valued at up to \$15 per person
- Recognition in each playbill

#### **Director Level (\$75)**

- 4 tickets, each valued at up to \$15 per person
- Recognition in each playbill