

Marshfield Performing Arts Society, Inc. DBA Marshfield Community Theatre (MCT) 2025 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 2024. I understand my membership runs from Jan. 1 – Dec. 31, 2025. 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: M	larshfield	d Community Theatre	e or MCT	
Adult Membership (\$10) Stu			nbership (\$5)	——— Family M	embership (\$25)
If you want to add any additional me	mber options, mark an	selectio	on below. See the per	ks on the back of this f	orm.
—— Performer Level (\$40)		Director	Level (\$75)		
MEMBER INFORMATION					
Name			Phone		
Address			City, State, Zip		
Email					
INTERESTS & INVOLVEMENT					
My interests for MCT productions are	e (check all that apply)):			
On stage	Back stage		Support (constructi	on, costumes, tickets, p	ublicity, 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