

WCT 2022 MEMBERSHIP FORM

Name: _____

Phone: _____

E-Mail:

Address: _____

Adult 18 and older (\$10) _____

Junior 17 and younger (\$0) _____

* Please make check out to Washington Community Theatre Inc. and send to P.O. Box 994 Washington, Pa. 15301

I am willing to help with ... (Please select at least one of the options below

_____ Fundraising

_____ Set Construction

_____ Costumes

_____ Stage Crew

_____ Tickets

_____ Directing

_____ House Committee (includes ushering, tidying up venue after a performance, selling 50/50 etc.)

_____ Producing

_____ WCT Kidz