



MEMBERSHIP APPLICATION FORM

SEASON: _____

NAME(s): _____

ADDRESS: _____

_____ POSTAL CODE: _____

PHONE: _____ E-MAIL: _____

important for receiving newsletters

Are you a RENEWING member? _____ or a NEW member? _____

Annual membership runs from July 1 – June 30 and costs \$5.00

No. of memberships: _____ at \$5.00 = \$ _____

(Please pay in cash or make cheques payable to St. Luke's Players)

Make cheques payable to St. Luke's Players. Your membership card is your receipt.

PLEASE ENCLOSE A SELF-ADDRESSED, STAMPED, ENVELOPE.

Send to:

St Luke's Players
PO Box 50044
1594 Fairfield Road
Victoria BC V8S 5L8

Info: www.stlukesplayers.org
or stlukesplayers@yahoo.ca
or 250-884-5484

Thank you for your interest in becoming a member of St. Luke's Players

For office use only:

Paid by: Cheque _____ Cash _____

Date Processed: _____