



ST. LUKE'S PLAYERS

COMMUNITY THEATRE SINCE 1948!

MEMBERSHIP APPLICATION FORM

SEASON: _____

Name: _____

(Please Print)

Address: _____

Phone: (Home) _____

Cellular: _____

Email: _____

Are you a RENEWING Member? ☐ Yes or a NEW member ☐ Yes

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

Number of memberships: _____ at \$5.00 = _____

☐

OPTION 1.

(SnailMail)

You may pay in cash or make cheques payable to St. Luke's Players.

You will receive a confirmation letter as your receipt. If applying by mail, please enclose a self-addressed, stamped envelope. And send via snail mail to:

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

MORE INFORMATION:

Website: www.stlukesplayers.org

Email: stlukesplayers@yahoo.ca

Phone: 250-884-5484

☐

OPTION 2.

(eMail &
e-transfer)

Save a copy of this form (filled) to your computer, rename it to:

SLP_Appform_*FirstName-LastName*.pdf

and then email it as an attachment to: stlukesplayers@yahoo.ca

You may also send membership payment via e-transfer from your account to:

SLPinterac@yahoo.com

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

For office use only

Paid by: ☐ Cheque ☐ Cash ☐ e-transfer

Date Processed: _____