



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 = _____

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

You will receive a confirmation letter as 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!

For office use only

Paid by: Cheque Cash

Date Processed: _____