# Athenian Berean Community Players

# Membership Enrollment Form

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's Date: \_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

Treasurer Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secretary Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_ or Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date added to membership directory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secretary Initials\_\_\_\_\_\_\_\_\_

Return form and dues payment of $10.00 (make out checks to “ABC Players”) to Jim Parsons, Treasurer, or mail to:

# Athenian Berean Community Players Attn: Treasurer

P.O. Box 283 Athens, Ohio

45701