

Athenian Berean Community Players  
Membership Enrollment Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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Office Use Only

Treasurer Date Received \_\_\_\_\_ Secretary Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ or Check # \_\_\_\_\_

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

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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