



A-Spire Players Inc.

Interlake Manitoba's Community Theatre



A-Spire Players' Membership Application

General Information

First Name:	Last Name:
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Mailing Address/Contact Information

Address		Apartment/Unit	
City/Town	Province	Postal Code	
Phone Number		E-Mail Address	

Emergency Contact

Name	Phone Number
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Please initial as acknowledging the following:

I give consent to A-Spire Players Inc. for the use of my photos and/or likeness for the use of social media, marketing and production materials _____

I have read and will follow the A-Spire Players Code of Conduct during any involvement with A-Spire Players, it's members and it's activities _____

Once accepted by the Board of A-Spire Players, I will be required to submit my annual membership fee by either e-transfer to aspireplayers@gmail.com or by other arrangements. _____

Member Signature

Date

Please email your completed form to aspireplayers@gmail.com

Note: This form will be considered as signed if it is received from your email address as listed above,