



Heart of the Hills Players

28401 Mound Rd #946, Warren, MI 48090

Date: ___ / ___ / ___

2026 Membership Application

(Jan-Dec)

Name: _____ Birthday: (mo/day) _____

Address: _____ City/Twp: _____ Zip: _____

Phone: Home: _____ Cell: _____ Text (y/n): _____

E-Mail: _____

Emergency Contact Name: _____

Emergency Relationship: _____ E-Phone: _____

Experience: _____

Areas of Interest – Check All That Apply

On Stage: ___ Act ___ Sing ___ Dance ___ Other

Backstage:

- | | | |
|------------------------|-----------------------------|-------------------------------|
| ___ Assistant Director | ___ Ads / Playbill | ___ Murder Mystery Troupe |
| ___ Choreographer | ___ Advertising / Publicity | ___ Newsletter Committee |
| ___ Director | ___ Computer Skills | ___ Play Reading Committee |
| ___ Music Director | ___ Costume Dresser | ___ Props / Set Dressing |
| ___ Producer | ___ Flyer Delivery | ___ Scene Building / Painting |
| ___ Set Design | ___ Fundraising | ___ Sewing / Costuming |
| ___ Sound | ___ Grants / Sponsors | ___ Social Committee |
| ___ Stage Manager | ___ Makeup / Hair | ___ Stagehand |
| ___ Tech Director | ___ Marketing | ___ Tech |
| ___ Vocal Director | ___ Membership Committee | ___ Theater Classes |
| ___ Wardrobe | ___ Mini-Shows | ___ Ushering |
| | ___ Misc. Volunteer | |

Annual Dues: (Jan-Dec): **Individual - \$35.00** **Family (2) - \$60.00**

Dues Date: ___ / ___ / ___

Angel Date: ___ / ___ / ___

Dues Amt: \$ _____

Angel Amt: \$ _____

PayPal / "Cash" / Ck#: _____
(circle one)

PayPal / "Cash" / Ck#: _____
(circle one)

Angel Fund: In Memory of: _____

Please return this entire form with your payment
Make checks payable to: "Heart of the Hills Players"
Alternative PayPal payment via hohplayers.org

This information is solely for the convenience of our Heart of the Hills members. It shall NOT be distributed, sold or transmitted without the written permission of the Heart of the Hills Board of Directors.