

## ***Squirrel Cage Theatre Co. Membership Application***

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CONTACT PERSON, if Business or Organization: \_\_\_\_\_

\_\_\_\_\_ **INDIVIDUAL: \$10/yr**

\_\_\_\_\_ **FAMILY: \$25/yr**

I support the efforts of the *Squirrel Cage Theatre Co.* in entertaining the community by way of the performing arts. In addition to the above membership dues, I am enclosing \$\_\_\_\_\_ to help fund special projects and events.

Please make checks payable to  
***SQUIRREL CAGE THEATRE CO.***

And mail your check with this application form to:

**Squirrel Cage Theatre Co.  
PO Box 871  
North Fork, CA 93643**

**Thank you!**  
*The Squirrels*