

Seneca Community Players

MEMBERSHIP FORM FOR 2024 SEASON

YES! Count me in! I would like to become a member of SCP's 2024 Season!

Last Name(s) First Name(s)

Address City State Zip

Telephone Email Address

How would you prefer to be contacted? Phone ____ Email ____ Mail ____

Do you give SCP permission to list your name in their program? ____yes ____no

Do you give SCP permission to list your name on their website? ____yes ____no

How would you like your name(s) listed in the Season Program?

Which membership would you like?

_____ Supporters	_____ Lights and Sound	_____ Technical Director	_____ Rising Star	_____ Producer	_____ Benefactor
\$25+	\$50+	\$75+	\$100+	\$350+	\$500+

**All memberships are tax deductible*

**We accept online payments from our website, checks and cash*

If paying by check, please mail a check along with this form to:

*Seneca Community Players
P.O. Box 45
Seneca Falls, NY 13148*



MEMBERSHIP LEVELS

Supporters Level \$25+

Your name listed in SCP's 2024 Season Program
Receive email updates with SCP news

Lights and Sound Level \$50+

Your name listed in SCP's 2024 Season
Program Receive email updates with SCP news

Technical Director Level \$75+

Your Name listed in SCP's 2024 Season Program
Receive email updates with SCP news

Rising Star Level \$100+

Your Name listed in SCP's 2024 Season
Program Receive email updates with SCP news

Producer Level \$250+

Your name listed in SCP's 2024 Season Program
Receive emails for updates with SCP news

Benefactor Membership Level \$500+

Your Name listed in SCP's 2024 Season Program
Receive emails for updates with SCP news