



MEMBERSHIP FORM

(Membership period is July 1– June 30 each year)

July 1, 2021 – June 30, 2022

Please complete this form and return it with your dues to:

The Friends of Milwaukee Rep C/O Milwaukee Repertory Theater

108 E Wells Street, Milwaukee, WI 53202

or do it online at www.MilwaukeeRep.com/Friends

Membership Status: NEW or RENEWAL

Annual Dues: \$25 (Per Person) x _____ = \$ _____

Number of Years Volunteering (Please tell us the approximate number of years you have been ushering/volunteering with The Friends): _____

NOTE: Additional information about Friends volunteer opportunities for the 2021/22 Season will be available beginning this summer.

Please check this box if you are interested in receiving information about ushering.

Please check this box if you are interested in receiving information about The Friends Board.

CONTACT INFORMATION

Name(s): _____

Phone (Cell/Home/Work): _____

Email: _____

Address: _____

City/State/Zip: _____

Check if individuals listed above have different contact information and provide below:

Name	Phone	Email	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAYMENT

I would like to make a donation in addition to my dues in the amount of: \$ _____

Payment total (Dues + Optional Donation): \$ _____

CHECK (made payable to The Friends of Milwaukee Rep)

CREDIT CARD

CASH

CC #

EXP. DATE

SIGNATURE