



Orange Players Membership Form

Name: _____

Address: _____

City/State/Zip: _____

Phone: Work _____ Home _____ Cell _____

Email Address: _____

Preferred method of contact: _____

New Member: _____ Renewal: _____

TYPES OF MEMBERSHIP

(Add \$1.00 for each additional member in household for each membership type):

Regular: \$15 _____

Please list any additional family members _____

Sponsor: \$25 _____

Please list any additional family members _____

Angel: \$50 _____

Please list any additional family members _____

Checks should be made payable to: Orange Players

Please mail completed form to: Bruce Spiewak
945 Red Fox Road
Orange, CT 06477

For office use only:

Date Received: _____ New Member: _____ Renewal: _____

Amount Received: _____ Check: _____ Cash: _____

Date to Treasurer: _____