



# OPENING NIGHT ARTS GROUP\*

A Charitable Organization

18008 Wolf Road  
Box 232  
Orland Park, IL 60467

Phone: 708-570-1630  
Fax: 708-570-1635  
www.OpeningNightArtsGroup.org

## MEMBERSHIP APPLICATION

(Please print clearly)

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email : \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Please indicate the activities in which you are interested:  
(You can add information for additional family members on the next page.)

Workshops/ Classes <input type="checkbox"/>	Children's Programs <input type="checkbox"/>	Social <input type="checkbox"/>	Artist <input type="checkbox"/>	Art Lover <input type="checkbox"/>	Acting <input type="checkbox"/>	Dancing <input type="checkbox"/>
Singing <input type="checkbox"/>	Sound <input type="checkbox"/>	Set Design <input type="checkbox"/>	Set Const'n <input type="checkbox"/>	Set Painting <input type="checkbox"/>	Lighting <input type="checkbox"/>	Musician <input type="checkbox"/>
Music Director <input type="checkbox"/>	Choreogra- phy <input type="checkbox"/>	Props <input type="checkbox"/>	Costuming <input type="checkbox"/>	Makeup <input type="checkbox"/>	Hair- dressing <input type="checkbox"/>	Audience Member <input type="checkbox"/>
Asst. Director <input type="checkbox"/>	Asst. Producer <input type="checkbox"/>	Stage Crew <input type="checkbox"/>	Stage Mgr. <input type="checkbox"/>	Front of House <input type="checkbox"/>	Box Office <input type="checkbox"/>	Conces- sions <input type="checkbox"/>

Other \_\_\_\_\_

ANNUAL MEMBERSHIP FEE (2008-2009) :  
Membership year runs September 1 - August 31.

\_\_\_\_\_ Individual \$20

\_\_\_\_\_ Family \$35 up to and including 5 members, Each additional member \$10

Total Paid \_\_\_\_\_ Paid via Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_

\*Tax exempt status pending

Would you like your contact information included in the membership directory (published in January)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Full Contact Info \_\_\_\_\_ or Name Only \_\_\_\_\_

Would you like to receive our e-mail newsletters and updates? Yes \_\_\_\_\_ No \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Office use only

Fees Paid \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Membership # \_\_\_\_\_

# OPENING NIGHT ARTS GROUP

## FAMILY INFORMATION FORM

Please complete this form for each additional family member interested in active participation in ONAG activities

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email (if different) : \_\_\_\_\_

Workshops/ Classes <input type="checkbox"/>	Children's Programs <input type="checkbox"/>	Social <input type="checkbox"/>	Artist <input type="checkbox"/>	Art Lover <input type="checkbox"/>	Acting <input type="checkbox"/>	Dancing <input type="checkbox"/>
Singing <input type="checkbox"/>	Sound <input type="checkbox"/>	Set Design <input type="checkbox"/>	Set Const'n <input type="checkbox"/>	Set Painting <input type="checkbox"/>	Lighting <input type="checkbox"/>	Musician <input type="checkbox"/>
Music Director <input type="checkbox"/>	Choreogra- phy <input type="checkbox"/>	Props <input type="checkbox"/>	Costuming <input type="checkbox"/>	Makeup <input type="checkbox"/>	Hair- dressing <input type="checkbox"/>	Audience Member <input type="checkbox"/>
Asst. Director <input type="checkbox"/>	Asst. Producer <input type="checkbox"/>	Stage Crew <input type="checkbox"/>	Stage Mgr. <input type="checkbox"/>	Front of House <input type="checkbox"/>	Box Office <input type="checkbox"/>	Conces- sions <input type="checkbox"/>

Other \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email (if different) : \_\_\_\_\_

Workshops/ Classes <input type="checkbox"/>	Children's Programs <input type="checkbox"/>	Social <input type="checkbox"/>	Artist <input type="checkbox"/>	Art Lover <input type="checkbox"/>	Acting <input type="checkbox"/>	Dancing <input type="checkbox"/>
Singing <input type="checkbox"/>	Sound <input type="checkbox"/>	Set Design <input type="checkbox"/>	Set Const'n <input type="checkbox"/>	Set Painting <input type="checkbox"/>	Lighting <input type="checkbox"/>	Musician <input type="checkbox"/>
Music Director <input type="checkbox"/>	Choreogra- phy <input type="checkbox"/>	Props <input type="checkbox"/>	Costuming <input type="checkbox"/>	Makeup <input type="checkbox"/>	Hair- dressing <input type="checkbox"/>	Audience Member <input type="checkbox"/>
Asst. Director <input type="checkbox"/>	Asst. Producer <input type="checkbox"/>	Stage Crew <input type="checkbox"/>	Stage Mgr. <input type="checkbox"/>	Front of House <input type="checkbox"/>	Box Office <input type="checkbox"/>	Conces- sions <input type="checkbox"/>

Other \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email (if different) : \_\_\_\_\_

Workshops/ Classes <input type="checkbox"/>	Children's Programs <input type="checkbox"/>	Social <input type="checkbox"/>	Artist <input type="checkbox"/>	Art Lover <input type="checkbox"/>	Acting <input type="checkbox"/>	Dancing <input type="checkbox"/>
Singing <input type="checkbox"/>	Sound <input type="checkbox"/>	Set Design <input type="checkbox"/>	Set Const'n <input type="checkbox"/>	Set Painting <input type="checkbox"/>	Lighting <input type="checkbox"/>	Musician <input type="checkbox"/>
Music Director <input type="checkbox"/>	Choreogra- phy <input type="checkbox"/>	Props <input type="checkbox"/>	Costuming <input type="checkbox"/>	Makeup <input type="checkbox"/>	Hair- dressing <input type="checkbox"/>	Audience Member <input type="checkbox"/>
Asst. Director <input type="checkbox"/>	Asst. Producer <input type="checkbox"/>	Stage Crew <input type="checkbox"/>	Stage Mgr. <input type="checkbox"/>	Front of House <input type="checkbox"/>	Box Office <input type="checkbox"/>	Conces- sions <input type="checkbox"/>

Other \_\_\_\_\_