

Hexagon Membership Application - Sep 2009 Thru Aug 2010



First Name Middle Initial Last Name
 Street Address Apartment #
 City State Zip Code -
 Home Phone Work Phone Cel I Phone Sex
 E-mail Address Alma Mater

As a Hexagon member, your e-mail address will automatically be added to the Hexagon group email list. Check here if you do NOT wish to be on this list:
 Hexagon publishes a Membership Directory (available only to members). Check here if you do NOT want your name and address to be published in this directory
 Check here if you would like to receive the Hexagram via U.S. Postal Service rather than electronically:

Birthday: Month and Day Employer Member since

Membership Type: Individual \$30.00 Family \$50.00 (2 people at the same address) **Both people must fill out an application.**
 Second Name on Family Membership:

Payment: Check enclosed (Payable to Hexagon, Inc.) Credit Card (Visa/Mastercard/Amex) Card number: _____
 Expiration date: _____

Please check those activities in which you are interested in participating:

| | | | | |
|---|--|---|--|--|
| <p>Performer</p> <p> <input type="checkbox"/> Actor <input type="checkbox"/> Dancer <input type="checkbox"/> Musician <input type="checkbox"/> Sign Lang. Interpreter <input type="checkbox"/> Singer </p> | <p>Backstage</p> <p> <input type="checkbox"/> Costumes <input type="checkbox"/> Lights <input type="checkbox"/> Make-Up <input type="checkbox"/> Props <input type="checkbox"/> Sound <input type="checkbox"/> Stage Crew </p> | <p>Production</p> <p> <input type="checkbox"/> Arranger <input type="checkbox"/> Auditions <input type="checkbox"/> Set construction <input type="checkbox"/> Set design <input type="checkbox"/> Stage mgmt <input type="checkbox"/> Writer </p> | <p>Front of House</p> <p> <input type="checkbox"/> Advance Ticket Sales <input type="checkbox"/> Box Office <input type="checkbox"/> Concessions <input type="checkbox"/> House Management <input type="checkbox"/> Usher <input type="checkbox"/> Usher Coordination </p> | <p>Marketing/Public Relations</p> <p> <input type="checkbox"/> Ad Sales <input type="checkbox"/> Program Production <input type="checkbox"/> Publications <input type="checkbox"/> Publicity <input type="checkbox"/> Souvenirs <input type="checkbox"/> Web Site </p> |
| <p>Membership</p> <p> <input type="checkbox"/> Hexagram <input type="checkbox"/> Recruitment <input type="checkbox"/> Welcome Table </p> | <p>Social</p> <p> <input type="checkbox"/> Party Planning <input type="checkbox"/> Host Party <input type="checkbox"/> Setup/Cleanup </p> | <p>Administration</p> <p> <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Database </p> | <p>Charity Liaison</p> <p> <input type="checkbox"/> Charity Selection <input type="checkbox"/> Gala Planning </p> | <p>Hexagoners</p> <p> <input type="checkbox"/> Cast <input type="checkbox"/> Crew </p> |

As a condition of membership, all members must read and sign the waiver below:

The undersigned hereby authorizes Hexagon, Inc. ("Hexagon") to use the name, voice, likeness and/or picture or any other representations of the person whose name is set forth below in connection with any advertising or publicity for any production of Hexagon. The undersigned has no right to use any Hexagon trademark, service mark or trade names without the written consent of Hexagon. Furthermore, in consideration of the rights and privileges granted by Hexagon allowing the undersigned to participate in any and all Hexagon activities, the undersigned, on his/her behalf and on behalf of his/her legal representatives, waives, releases or forever discharges Hexagon, its officers, members and agents of, from any liability of any nature arising from any claims, loss, damage, expense or injury of any sort whatsoever, including but not limited to death, which hereinafter may be sustained by the undersigned in consequence of, or in any way relating to, his/her participation in any and all rehearsals and performances of any production or in any and all other Hexagon arranged, organized or sponsored activities and gatherings, including the transportation to and from such activities at any time during the undersigned membership in or affiliation with Hexagon.

Signature _____ Date: _____

Return to: Kathy Suydam
 2224 Deckman Lane
 Silver Spring, MD 20906

Contact membervp@hexagon.org if you have any questions.