

Hexagon Membership Application - September 2024 through August 2025

First Name _____ Middle Name _____ Last Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email Address _____ Sex _____
 Birthday _____ Employer _____ Alma Mater _____

- As a Hexagon member, your email 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.

Membership Type: **Individual \$25.00**
 Family \$50.00 (Two people at the same address; both must fill out an application)

Second Name on Family Membership: _____

Please enclose check payable to Hexagon, Inc.

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

<u>Performer</u> <input type="checkbox"/> Actor <input type="checkbox"/> Dancer <input type="checkbox"/> Musician <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Singer	<u>Backstage</u> <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	<u>Production</u> <input type="checkbox"/> Arranger <input type="checkbox"/> Auditions <input type="checkbox"/> Set Construction <input type="checkbox"/> Set Design <input type="checkbox"/> Stage Management <input type="checkbox"/> Writer	<u>Front of House</u> <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	<u>Marketing/Public Relations</u> <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
<u>Membership</u> <input type="checkbox"/> Hexagram <input type="checkbox"/> Recruitment <input type="checkbox"/> Welcome Table	<u>Social</u> <input type="checkbox"/> Host Party <input type="checkbox"/> Party Planning <input type="checkbox"/> Setup/Cleanup	<u>Administration</u> <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Database	<u>Charity Liaison</u> <input type="checkbox"/> Charity Selection <input type="checkbox"/> Gala Planning	<u>Hexagoners</u> <input type="checkbox"/> Cast <input type="checkbox"/> Crew

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. While participating in any Hexagon arranged, organized or sponsored activities or gatherings, the undersigned agrees to abide by the Code of Conduct as established by the Board of Directors.

Signature _____ Date _____

Return to Hexagon, Inc.
 ATTN: Member Services VP
 5614 CONNECTICUT AVE NW
 PMB 294
 WASHINGTON DC 20015-2604

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