

Athenian Berean Community Players
Membership Enrollment Form

Name_____Today's Date_____

Street Address_____

City_____ State_____ Zip_____

Email_____ Phone_____

Office Use Only

Treasurer Date Received_____Secretary Date Received_____

Amount Paid_____ Cash_____ or Check #_____

Date added to membership directory:_____Secretary Initials_____

Return form and dues payment of \$10.00 (make out checks
to "ABC Players") to Jim Parsons, Treasurer, or mail to:

Athenian Berean Community Players
Attn: Treasurer
P.O. Box 283
Athens, Ohio
45701