

Membership Application

(Valid September 1, 2025 – August 31, 2026)



Check one:

- \$2,000 and Up : LEGACY CLUB PATRON MEMBERSHIP**
You will receive 8 season tickets
- \$1,500 - \$1,999 : ANGEL PATRON MEMBERSHIP**
You will receive 6 season tickets
- \$1,000 - \$1499 : BENEFACTOR PATRON MEMBERSHIP**
You will receive 5 season tickets
- \$750 - \$999 : GUARDIAN CLUB PATRON MEMBERSHIP**
You will receive 4 season tickets
- \$500 - \$749 : SPONSOR PATRON MEMBERSHIP**
You will receive 3 season tickets
- \$250 - \$499 : DONOR PATRON MEMBERSHIP**
You will receive 2 season tickets
- \$125 - \$249 : FRIEND PATRON MEMBERSHIP**
You will receive 1 season ticket
- \$50 : FAMILY MEMBERSHIP**
One household - up to 2 adults and all children who are under the age of eighteen (18) or twenty-two (22) if a full-time student or on active duty in the military
- \$25 : INDIVIDUAL MEMBERSHIP ****
An individual who is eighteen (18) years old or older
- \$10 : STUDENT MEMBERSHIP ****
An individual who is under the age of twenty-two (22) and is a full-time student

Community Players is committed to celebrating an inclusive culture of creativity by welcoming actors, technicians, designers, musicians, and production team members from varied backgrounds, race, gender identity, ethnicity, and sexual orientation.

** Any individual who has never been a member of CPOS is eligible for a FREE membership for this season. If you wish to waive the fee (\$25 or \$10) please initial here _____

#1 First Name:		Last Name:	
Phone:		E-mail Address:	
Mailing Address:			
City:	State:	Zip Code:	
Patron or Family Membership ONLY Adult #2 First Name:		Last Name:	
Phone:		E-mail Address:	
Children: First Name(s):	Last Name(s):	Age(s)	

Remit Form and Payment to: **Community Players PO Box 2431 Salisbury, MD 21802**

Questions? E-mail us at: membership@cposmd.com

Players Use Only: Finance _____ Mailing _____ Membership _____