Esperanza
Performing Arts Association, Inc.
501(c)(3) Non-Profit Corporation
Federal Tax ID #33-0887575

Annual Booster Club Member Application

(use separate application per person)

- ✓ *Who can be a booster?*
  ANY individual interested in helping support youth performing arts.
- ✓ *How do I join?*
  Membership is $10 per calendar year or try our Family Rate of $20/year for all family members living in same household.
  (use separate application per person)
- ✓ *Benefits:*
  - ➢ 10% off ALL Esperanza merchandise
  - ➢ Discount tickets to All Esperanza sponsored events
  - ➢ Esperanza Expressions newsletter
  - ➢ Complimentary Admission to Family Day
  - ➢ Access to Esperanza Members Only Website

Esperanza depends on our wonderful volunteers to help at each event and with special projects requiring specific skills.

Please check the boxes that apply to you. Thank you for your support!

	Volunteer @ Esperanza Sponsored Show		Uniforms
	Drivers – motor home/small trailers		Sewing (uniform tailoring, flags...)
	Drivers – commercial license required		Cook Crew (drum corps)
	Merchandise		Other (please list)

please check any of the following special skills:

- ☐ Commercial Driver's License
- ☐ Auto/Diesel Mechanic
- ☐ Small Engine Repair
- ☐ Auto Painting/Repair
- ☐ Electrical
- ☐ Welding
- ☐ Carpentry
- ☐ Photography/Videography
- ☐ Publicity
- ☐ Retail Merchandising
- ☐ Instrument repair (brass/perc)
- ☐ Sewing (any level)
- ☐ Cooking
- ☐ Grant Writing
- ☐ Fundraising
- ☐ Any Other: _____

Esperanza Affiliation: ☐ Member Parent ☐ Alumni ☐ Interested Supporter

Membership Plan: ☐ Individual Rate ☐ Family Plan ☐ First Year Alumni

PLEASE USE SEPARATE APPLICATION PER PERSON ON FAMILY RATE

NAME_____ MEMBER NAME (if applicable)_____

CURRENT ADDRESS_____
STREET

_____ _____ _____
CITY STATE ZIP CODE

TELEPHONE (_____)_____ ALTERNATE PHONE (_____)_____

EMAIL ADDRESS (please slash through zeros - ∅)_____ @ _____

Are you interested in serving on the Esperanza Booster Committee? Yes / No

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Office Use Only: Date _____ *Method of Payment* _____

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