



Membership Form 2020 - 2021

NAME (Please Print): _____

ADDRESS: _____

CITY & ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

*Personal information will only be shared with RMES Board members or its representatives.

CATEGORY (One membership card will be issued per person):

___ Single Patron: \$25.00

___ Couple: \$50.00

___ Family (4 members): \$100.00

___ Lifetime (1 person): \$275.00

ADDITIONAL NAMES (Please Print):

VOLUNTEER OPPORTUNITIES

I am interested in helping with the following:

___ Tech (Set construction, lighting, sound, etc.)

___ Concessions (Cookies, drinks, cakes, etc.)

___ Costumes

___ Other _____

ADDITIONAL SUPPORT

I would like to donate additional support of \$_____ to:

___ Student Scholarships for Graduating Seniors

___ other: _____

Please return this completed form and check (Payable to: RMES) to:

**RMES
1508 Indian Wells St.
Ridgecrest, CA 93555**

***Please allow 3-6 weeks for your application to be processed*