Morrison Center Volunteers

Membership Application Membership Year: July 1st to June 30th

All applicants must be 18 years of age or older

Name:						
Address:						
City:			State:		Zip:	
Home: ()		_	_			
Cell: () _	·	-	=			
Work: ()			_ Ext:	(only list if yo	ou wish to be	called at work)
E-Mail:						
Membership Det	ails					
Active Member: \$	10 🗆	Emeritus	s: \$0 🗆 (Volu	inteered for 10+ y	ears and no l	onger able to work)
New:						
Renewal: 🗆		y insurance p eir dues are p		bers from being	scheduled t	o work after June
Select the area(s	s) where	you would	d like to vo	lunteer		
The primary respondering Therefore being eligit	e, <u>all nev</u>	volunteer	<u>s</u> must ushe	er six shows i	n a six-mo	onth period
Ushers:		(Door usher	rs, ticket scanı	ners, runners, g	uides, coat d	check)
Refreshments:						
Hearing Assistand	ce: 🗆					
Pleas	e make (checks pa	yable to: M	lorrison Cen	ter Volun	teers
				ter Volunteer ise, Idaho 83		
		For Memb	ership Commi	ttee Use Only		
Received:	_//					
		Parkin	g Pass:			