

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 you wish to be called at work)

E-Mail: _____

Membership Details

Active Member: \$10 Emeritus: \$0 (Volunteered for 10+ years and no longer able to work)

New:

Renewal: **Our liability insurance prohibits members from being scheduled to work after June 30 until their dues are paid.**

Select the area(s) where you would like to volunteer

The primary responsibility of Morrison Center Volunteers is to ensure the safety of our patrons. Therefore, all new volunteers must usher six shows in a six-month period before being eligible to work in Gift Shop or Hearing Assistance.

Ushers: (Door ushers, ticket scanners, runners, guides)

Hearing Assistance:

Gift Shop:

Please make checks payable to: Morrison Center Volunteers

Mail to: Morrison Center Volunteers
1910 University Drive, Boise, Idaho 83725-1050

For Membership Committee Use Only

Received: ____/____/____ Cash or Check # _____ \$ _____ Parking Pass: _____