

FCP (Fellowship of Christian Puppeteers) Membership Form

First Name: _____ Last Name: _____
(if group membership, give name of leader)

Address: City: _____

State: _____

Zip: _____

Phone Number: _____ Ext. _____

Email: _____

Type of Membership:

Single Membership- _____ \$25.00 per year Includes one vote privilege.

Group Membership- _____ \$27.00 per year Open to groups 2 or more people.
Includes one vote privilege.

International memberships additionally select one of then following:

Canadian- _____ add \$2.00 for Canadian Memberships

International- _____ \$30.00 total cost for international memberships

Group Name: _____

Number of Members in Group: _____

Church/ Organization: _____

Phone Number: _____ Ext. _____

Areas of Interest (check all that apply):

Puppetry____ Mime____ Clowning____ Ventriloquism____ Drama____

Interpretive Movement____ Gospel Illusion____ Other____