



PASADENA  
SHOWCASE  
H O U S E  
*for the Arts*

## Application for Membership

The completed application, a check for \$150.00 made payable to Pasadena Showcase House for the Arts (for Provisional dues) and two letters of reference must be mailed prior to December 31, 2022 to:

Pasadena Showcase House for the Arts  
Attn: Dotty Ewing, Membership  
Post Office Box 93486  
Pasadena, CA 91109

### **Please print**

Name \_\_\_\_\_  
Last Name First Name Middle Name or Initial if used

Address \_\_\_\_\_  
Street Number Street Name City State Zip Code

Telephone Number(s) \_\_\_\_\_  
Home Cell Work

Email \_\_\_\_\_

Social Title \_\_\_\_\_  
(Example: Mr. and Mrs. Tom King or Ms. Kara Dalton)

Month/Day of Birth \_\_\_\_\_

How did you learn about our organization? \_\_\_\_\_

Why are you interested in becoming a member? \_\_\_\_\_

What have you found to be the most rewarding and/or challenging aspects of your

previous community service experiences or work experiences? (professional, civic, service, political & community organizations) \_\_\_\_\_

What are your personal areas of interest and hobbies? \_\_\_\_\_

Please list two references either from other community service organizations, an employer, a Pasadena Showcase House for the Arts member or other source. Letters of reference are a required component of your application. References may be contacted to verify and/or expand upon the written information provided. Please grant permission to each reference to discuss your application with a Pasadena Showcase House for the Arts representative.

First Reference

Name \_\_\_\_\_ Name of Organization \_\_\_\_\_

Relationship to Reference \_\_\_\_\_

Address \_\_\_\_\_  
Street Number Street Name Apt or Suite # City State Zip Code

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Second Reference

Name \_\_\_\_\_ Name of Organization \_\_\_\_\_

Relationship to Reference \_\_\_\_\_

Address \_\_\_\_\_  
Street Number Street Name Apt or Suite # City State Zip Code

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Please list your community service experience (professional, civic, service, political & community organizations) (Please attach an additional page if more space is needed.)

Name of Organization	Years of Participation	Positions Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list your employment history (Please attach an additional page if more space is needed.)

Name of Employer	Years of Service	Positions Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ I have been convicted of a felony. Charge \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I understand that Pasadena Showcase House for the Arts may conduct a background check on any applicant.

I hereby consent to have my name submitted for review for membership. I have read the criteria and requirements for membership. I understand that my references may be contacted and information about me solicited.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date