
MEMBERSHIP APPLICATION

Please print clearly

NAME _____

ADDRESS _____

PHONE Day _____ Evening _____

EMAIL _____

- | | |
|---|---------|
| <input type="checkbox"/> One-Year Membership | \$15.00 |
| <input type="checkbox"/> One-Year Family Membership | \$25.00 |
| <input type="checkbox"/> Three-Year Membership | \$30.00 |
| <input type="checkbox"/> Three-Year Family Membership | \$45.00 |

Total Charge \$ _____ **Payment** Visa M/C Cash Cheque

Card Number _____ **Expiry** _____

Authorization # _____ **Signature** _____

INTERESTS AND EXPERIENCE IN THEATRE (check as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Makeup/Hair |
| <input type="checkbox"/> Directing | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Producing | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Stage Management | <input type="checkbox"/> House Management/Ushering |
| <input type="checkbox"/> Set Construction/Painting | <input type="checkbox"/> Box Office |
| <input type="checkbox"/> Set Design | <input type="checkbox"/> Play Reading/Show Selection |
| <input type="checkbox"/> Set Décor | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Costumes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Props | _____ |

Signature _____ **Date** _____

