



Elora Community Theatre

PO Box 804 Elora, Ontario N0B 1S0
 Email: Ectteammembers@gmail.com
 Website: eloracommunitytheatre.com

MEMBERSHIP FORM - INDIVIDUAL

If a member is under 16 years of age, a legal guardian must sign the form instead of the member.

Name: _____ Best Phone # to use: _____

Alternate Phone: _____ Email: _____

Choose your membership type:

- One year individual \$15.00
- Three year individual (one year free) \$30.00

We are happy to receive payment for membership by e-transfer at ECTFinances@gmail.com. Type Membership in the comments section of the e-transfer.

WHAT TEAM ROLE(S) DO YOU PLAY?

<input type="checkbox"/> PART OF A PRODUCTION	<input type="checkbox"/> BOARD MEMBER	<input type="checkbox"/> COMMITTEE MEMBER
<input type="checkbox"/> DONOR	<input type="checkbox"/> ADVERTISER	<input type="checkbox"/> SPONSOR
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____

- I/We give permission for images to be included in ECT newsletters, promotions, in social media and on the website.
- I/We give permission to receive emails from ECT to advertise upcoming events, announcements, etc.
- I/We give permission for ECT to release our names and a short biography in programs, newsletters and social media.

Signature: _____

Date: _____

Name of Parent/Guardian if applicable: _____