



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

MEMBERSHIP FORM - FAMILY

Please complete one form per family. Please choose one adult to be the main contact.

Main Contact Name: _____ Best Phone # to use: _____

Alternate Phone: _____ Main Contact Email: _____

Choose your membership type:

- One year family - 2 adults and any children under 18 years \$25.00
- Three year family - 2 adults and any children under 18 years \$45.00

Please pay cash or make cheque payable to Elora Community Theatre.

Other Family Members:

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

- 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: _____