



Group Membership

NEW RENEWAL / LAPSED

THEATRE / ORGANIZATION NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

BOX OFFICE TELEPHONE

ADMINISTRATION TELEPHONE

EMAIL

WEBSITE

NAME

TITLE

PRIMARY CONTACT FOR THEATRE / ORGANIZATION

Organization type:

Registered not-for-profit Other _____

Theatre sector:

Professional theatre Community theatre Educational theatre Other _____

Theatre / Organization [\$175]

I am including a donation of \$_____

A charitable donation receipt will be mailed to you for donations above \$10.

I would like to receive *Theatre Ontario News* (quarterly newsletter) by email by mail
(*Theatre Ontario Presents...* (monthly newsletter) is available only by email.)

Cheque enclosed, or bill my: Visa Amex MasterCard

Credit card memberships can also be taken over the telephone.

CARD NUMBER

EXPIRY DATE

SIGNATURE

Please send with your cheque/credit card information to:
Theatre Ontario
215 Spadina Avenue, Suite 210, Toronto ON M5T 2C7
T: 416.408.4556 • F: 416.408.3402

Membership