



Membership

- NEW RENEWAL / LAPSED
 MR MS MRS MISS

NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

BUSINESS TELEPHONE

HOME TELEPHONE

EMAIL

WEBSITE

Please record me as principally a (select one):

- Professional theatre member Community theatre member Educational theatre member

Individual [\$60]

Senior [\$45]

Full-Time Student [\$45] what school do you attend? _____ what year? _____

Family [\$80] second family member: _____

I am including a donation of \$_____

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

I would like to receive the biweekly Auditions Email Bulletin.

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

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