



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.

Cheque enclosed.

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

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