



## 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.

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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