

Group Membership

NEW RENEWAL

THEATRE / ORGANIZATION NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

ADMINISTRATION TELEPHONE

BOX OFFICE TELEPHONE

E-MAIL

WEB SITE

NAME

TITLE

PRIMARY CONTACT FOR THEATRE / ORGANIZATION

ORGANIZATION TYPE:

REGISTERED NOT-FOR-PROFIT OTHER

THEATRE SECTOR:

PROFESSIONAL

COMMUNITY

EDUCATIONAL

Theatre / Organization [\$165]

I am including a donation of \$ _____

A charitable donation receipt will be mailed to you.

Payment Enclosed

Bill my: Visa Amex MasterCard

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

Telephone: 416-408-4556 • Fax: 416-408-3402

Membership