

Membership

- NEW RENEWAL
 MR MS MRS MISS

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

BUSINESS PHONE _____ HOME PHONE _____

E-MAIL _____ WEB SITE _____

Individual [\$55]

Senior [\$45]

Full-Time Student [\$45]

which school do you attend? _____

Family [\$80]

second family member: _____

Please record me as principally a (select one):

- Professional theatre member
 Community theatre member
 Educational (teacher or student) member

I would like to receive Theatre Ontario's bi-weekly Auditions Email Bulletin.

I am including a donation of \$_____

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

Payment Enclosed, or

Bill my: Visa Amex MasterCard

Credit card orders can also be taken by 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