



Theatre Nova Scotia Membership Form 2019-20

Membership Type (check only one membership type per form):

<input type="checkbox"/> Organization (Early Bird: \$75 on or before Aug 31 st 2019, \$85 on or after Sept 1 st 2019)	<input type="checkbox"/> Community Theatre Group <input type="checkbox"/> Affiliate Group *** Professional Theatre Companies and Ad Hoc groups use separate form, do not use this form			
<input type="checkbox"/> Individual (Early Bird \$25 on or before Aug 31 st 2019, \$30 on or after Sept 1 st 2019)	Check all that apply: <input type="checkbox"/> Actor <input type="checkbox"/> Director <input type="checkbox"/> Set Designer <input type="checkbox"/> Costume Designer <input type="checkbox"/> Lighting Designer <input type="checkbox"/> Sound Designer <input type="checkbox"/> Projection Designer <input type="checkbox"/> Choreographer <input type="checkbox"/> Stage Manager <input type="checkbox"/> Technician <input type="checkbox"/> Dramaturg <input type="checkbox"/> Playwright <input type="checkbox"/> Instructor <input type="checkbox"/> Artistic Director <input type="checkbox"/> Administrator <input type="checkbox"/> Venue Operations <input type="checkbox"/> Musical Director <input type="checkbox"/> Workshop Leader <input type="checkbox"/> Other, please specify:			
<input type="checkbox"/> Student (Early Bird \$10 on or before Aug 31 st 2019, \$15 on or after Sept 1 st 2019)	Student ID#: _____ School: _____ Check one: <input type="checkbox"/> Junior High <input type="checkbox"/> High School <input type="checkbox"/> Postsecondary Grade or Program: _____ Expected Graduation Year: _____			
<p>Contact Information:</p>				
Organization Name: (if applicable)				
Organization Contact OR Individual Name:				
Mailing Address:				
Phone #:				
Alternate Phone #:	Fax #:			
Email Address:				
Would you like to receive the TNS weekly email newsletter <i>OnStage Online</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Payment Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Debit CC#: _____ Expiry: _____ Name On Card: _____ Validation Code: _____			
Payment Amount:				
FOR OFFICE USE ONLY:	<table border="1"> <tr> <td>In Sumac (Date Stamp):</td> <td>Entered by:</td> <td>Membership Expiry Date: Aug 31, 2020</td> </tr> </table>	In Sumac (Date Stamp):	Entered by:	Membership Expiry Date: Aug 31, 2020
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