



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:	In Sumac (Date Stamp): _____ Entered by: _____ Membership Expiry Date: Aug 31, 2020