



Theatre Nova Scotia Membership Form

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

<input type="checkbox"/> Organization	<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	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"/> Under-waged <input type="checkbox"/> Other, please specify:		
<input type="checkbox"/> Student	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: _____		
Contact Information:			
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			
FOR OFFICE USE ONLY:	In Sumac (Date Stamp):	Entered by:	Membership Expiry Date: Aug 31