

THEATRE ARTS GUILD 2011-2012 MEMBERSHIP FORM

(Please return completed form & payment to the theatre, or mail to:
287 Lacewood Dr., Unit 103, Suite 412, Halifax NS, B3M 3Y7)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home _____ Work: _____ Cell: _____

E-mail: _____

As a member, you will receive the full colour version of the newsletter by email. Check here **only** if you would prefer the hard copy version mailed to you. _____

You will be included in all TAG email reminders about upcoming events Check here **only** if you would prefer not to receive these member information mailings. _____

_____ New Membership _____ Renewal Membership

_____ Regular Membership (\$15) _____ Senior (60 +) Membership (\$10)

_____ Family Membership (\$25) _____ Student Membership (\$10)

\$_____ Capital Fund Donation (a tax receipt will be issued)

Date: _____ Signature: _____

Interests or hobbies: _____

If you want to be active in productions, please check off your areas of interest:

- | | | |
|------------------------|----------------------|-----------------------------|
| ___ Acting | ___ Directing | ___ Producing |
| ___ Props | ___ Makeup | ___ Costumes |
| ___ Set Design | ___ Stage Crew | ___ Stage Management |
| ___ Lighting and Sound | ___ Set Construction | ___ Set Decoration/painting |
| ___ Publicity | ___ Fundraising | ___ Workshops |
| ___ Box Office and Bar | ___ Administration | |

Other _____