

THEATRE ARTS GUILD 2016-2017
MEMBERSHIP FORM

**Please hand in completed form and payment at 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: _____
Please circle preferred phone number.

E-mail: _____

As a member, you will receive the 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 emails. _____

_____ New Membership

_____ Renewal Membership

_____ Regular Membership (\$15)

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

_____ Family Membership (\$25)

_____ Student Membership (\$10)

Please indicate how many people will be covered by your family membership _____

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

Date: _____ Signature: _____

If you would like to be active in productions, please indicate your areas of interest:

- | | | |
|-------------------|----------------------|--------------------|
| ___ Acting | ___ Wardrobe | ___ Front of House |
| ___ Director | ___ Props | ___ Publicity |
| ___ Producer | ___ Make Up | ___ Fundraising |
| ___ Stage Manager | ___ Set Design | ___ Administration |
| ___ Stage Crew | ___ Set Construction | ___ Newsletter |
| ___ Lights/Sound | ___ Painting | ___ Workshops |