

INDIANA COMMUNITY THEATRE ASSOCIATION, INC.  
Member of the American Association of Community Theatre  
**MEMBERSHIP / RENEWAL APPLICATION**

**THEATRE MEMBERSHIP** \_\_\_\_\_ **INDIVIDUAL MEMBERSHIP** \_\_\_\_\_

**Check appropriate space above**

The following information will appear in the next Directory

**Theatre Membership Information for** \_\_\_\_\_ : (year)

Name of Theatre \_\_\_\_\_

Address: \_\_\_\_\_

Theatre Office Phone: \_\_\_\_\_ Box Office Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Mailing Address: \_\_\_ Theatre \_\_\_ Contact Person's Home

**Individual Membership Information for** \_\_\_\_\_ : (year)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Community Theatre Affiliation: \_\_\_\_\_

Enclosed is the ICTA Membership Dues: \_\_\_\_\_ Theatre Dues \$50.00 \_\_\_\_\_ Individual Dues \$25.00 (per year)

Please mail to: Indiana Community Theatre Association  
P.O. Box 286  
New Palestine, Indiana 46163  
*Checks payable to: Indiana Community Theatre Association*

