



**Indian Valley Theatre
Membership
Application**

IVT USE ONLY	
Amount Paid: \$	
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ <input type="checkbox"/> CC (auth) _____	

Single Membership	Full Year - \$10.00	Family Membership	Full Year - \$20.00
Membership Type	<input type="checkbox"/> Single <input type="checkbox"/> Family		Membership Valid Thru
IF YOU ARE UNDER 18 YEARS OF AGE YOU MUST APPLY FOR A FAMILY MEMBERSHIP			

If this is application is for a business, please include business name and full name.

Full Name (primary member)				Today's Date			
Spouse/Family Members (for family membership)							
Street Address			City		State		Zip
Home Phone			Cell				
Date of Birth (primary member)			Date of Birth (spouse / family)				
Email			Add to e-mail list? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you hear about IVT?							

PARTICIPATION IN IVT

I would like to be an active member and lend support in these areas (please check areas of interest)				
<input type="checkbox"/> Acting <input type="checkbox"/> Directing <input type="checkbox"/> Producing <input type="checkbox"/> Stage Mgmt.	<input type="checkbox"/> Musical Direction <input type="checkbox"/> Choreography <input type="checkbox"/> Music (instrument) <input type="checkbox"/> © Set Building	<input type="checkbox"/> Graphic Design <input type="checkbox"/> Web Design <input type="checkbox"/> Publicity <input type="checkbox"/> Comm. Relations	<input type="checkbox"/> Board Involvement <input type="checkbox"/> Administrative <input type="checkbox"/> Show Ushering <input type="checkbox"/> Sound/Lighting/Tech	<input type="checkbox"/> Play Reading/Selection <input type="checkbox"/> Fundraising <input type="checkbox"/> Other (list): _____

MEMBERSHIP REQUIREMENT • IVT PRODUCTIONS

In order to participate in an IVT production it is required that all cast and crew become a member of our organization. If you are cast in the show or participate in the production of the show you will be required to provide payment at the first meeting for the show (typically the read-through).

I am hereby applying for membership to Indian Valley Theatre and agree to abide by the bylaws and rules of this organization.

Print Name: _____ Signed: _____

Dated: _____ Parent Signature (for a minor) _____

Thank You for Supporting Indian Valley Theatre!

RECEIPT

Payment of \$_____ has been received for the following membership with Indian Valley Theatre, an Illinois 501C3 Arts Organization. Cash Check _____ Credit Card.

Date: _____ Received by (initial): _____