



**Indian Valley Theatre  
Membership  
Application**

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

<b>Membership</b>	\$20.00 per household		
			<b>Membership Valid Thru</b>

*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"/> Musical Direction	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Board Involvement	<input type="checkbox"/> Play Reading/Selection
<input type="checkbox"/> Directing	<input type="checkbox"/> Choreography	<input type="checkbox"/> Web Design	<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Producing	<input type="checkbox"/> Music (instrument)	<input type="checkbox"/> Publicity	<input type="checkbox"/> Show Ushering	<input type="checkbox"/> Other (list): _____
<input type="checkbox"/> Stage Mgmt.	<input type="checkbox"/> Set Building	<input type="checkbox"/> Comm. Relations	<input type="checkbox"/> Sound/Lighting/Tech	

**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): \_\_\_\_\_