



MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

- | | | |
|-----------|----------------|--------------------------|
| REGULAR | \$75 Annually | <input type="checkbox"/> |
| STUDENT | \$35 Annually | <input type="checkbox"/> |
| CORPORATE | \$200 Annually | <input type="checkbox"/> |

EMAIL _____ POSITION _____

AREA OF INTEREST

- | | |
|---------|--------------------------|
| FILM | <input type="checkbox"/> |
| THEATER | <input type="checkbox"/> |
| DANCE | <input type="checkbox"/> |
| MUSIC | <input type="checkbox"/> |
| WRITING | <input type="checkbox"/> |
| CRAFTS | <input type="checkbox"/> |
| OTHER | <input type="checkbox"/> |

APPLICANT SIGNATURE _____

DATE _____