



MEMBERSHIP APPLICATION FORM Date: _____

MEMBERSHIP TYPE: _____NEW _____RENEWAL

ORGANIZATION: _____ WEBSITE: _____

THEATRE AFFILIATION: _____

NAME: _____ HOME PHONE: (____) _____

ADDRESS: _____ WORK PHONE:(____) _____

CITY: _____ ZIP: _____ CELL PHONE:(____) _____

EMAIL: _____

CHECK: ___PAYABLE TO OKLAHOMA COMMUNITY THEATRE ASSOCIATION

- OCTA MEMBERSHIP (CHECK ONE) ___ \$25 PATRON OF THE ARTS
 ___ \$ 5 YOUTH (K-12)
 ___ \$35 EDUCATIONAL
 ___ \$35 THEATRE PROFESSIONAL
 ___ \$100 COMMUNITY THEATRE

DONATION: \$ _____

TOTAL: \$ _____

You can now use paypal!! Renew at <http://www.oktheatre.org/about/membership/>

AS A MEMBER OF OCTA YOU ARE:

- Joining** a statewide network of theatre artists
- Advocating** the value of theatre in today's society
- Connecting** to theatre news and events
- Supporting** Biennial statewide conference and play festivals
- Promoting** excellence in theatre

Oklahoma Community Theatre Association

PO Box 57626 · Oklahoma City, OK 73157-7626
Telephone: 405-840-0788 · Email: info@oktheatre.org

