



MEMBERSHIP APPLICATION FORM

Membership Type: New Renewal

Name: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Website: _____

Region (See map on ITA website): _____ How Did You Hear About the ITA? _____

Phone Number(s): _____ (designate home/work/cell)

Division (check main one):

<input type="checkbox"/>	Creative Drama	<input type="checkbox"/>	Theatre for Young Audiences
<input type="checkbox"/>	Secondary School Theatre	<input type="checkbox"/>	University/College Theatre
<input type="checkbox"/>	Community Theatre	<input type="checkbox"/>	Professional Theatre

ITA Membership (check one):

<input type="checkbox"/>	Student (include copy of ID)	\$15
<input type="checkbox"/>	ITA Auditionee (First Time Member Only).....	\$30
<input type="checkbox"/>	Senior (65+)	\$35
<input type="checkbox"/>	Individual	\$50
<input type="checkbox"/>	Small Organization (budget under \$25,000) ...	\$90
<input type="checkbox"/>	Large Organization (budget over \$25,000)	\$140
<input type="checkbox"/>	Associate Corporate	\$250
<input type="checkbox"/>	Corporate	\$500

Method of Payment (check one):

<input type="checkbox"/>	Check or Money Order	Payable to: Illinois Theatre Association
<input type="checkbox"/>	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	

Name on Card: _____ Expiration Date: _____

Account #: _____ Security Code: _____
(3 digits on back of card)

Billing Street Address (if different than above): _____

Signature: _____
(Transaction listed on your statement as Illinois Theatre Association)

As a member of ITA 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 ITA sponsored activities

Please send application form and payment to: **Illinois Theatre Association**
123 Mill Pond Drive / Glendale Heights, IL 60139
312-265-5922 / 312-265-6101 (fax)
www.illinoistheatre.org