



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)**
- ___ **\$40 PATRON OF THE ARTS (2 year)**
 - ___ **\$ 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

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