



# Shuswap Theatre Membership Form

## New Members & Renewals

We are delighted to have you working and playing with us!

Annual memberships expire on September 30<sup>th</sup> each year. As an incentive for those joining late in the season memberships purchased after March 31<sup>st</sup> will expire on September 30<sup>th</sup> of the *following* year (up to 18 months).

**Date:** \_\_\_\_\_

**Organization** (if organization membership) \_\_\_\_\_

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

### Mailing Address

Street \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Phone** Home \_\_\_\_\_ Mobile \_\_\_\_\_

**Email** \_\_\_\_\_

### Type of Membership: (Please circle)

Child/Youth (18 and under) - \$7; Individual - \$10; Couple - \$20; Family - \$25;  
Business/Organization - \$25; Individual Life Membership - \$100

### How would you like to make your payment? \*

I will give this form and my money to my Producer, Stage Manager or

\_\_\_\_\_.

I will mail a cheque payable to: Shuswap Theatre, Box 2432, Salmon Arm, BC V1E 4R4

### Age Category

18 & under     19-29     30-39     40-49     50-59     60+

Please note that all people working on a production are expected to be members of Shuswap Theatre.

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**If this is a couple or family membership, please provide the following:**

<b>First and last name of additional family members</b>	<b>Age Category</b> (as above)

**Donate to our *Keep Theatre Thriving* fund**

COVID-19 is having a major impact on our revenues while many expenses are ongoing. If you would like to add a donation to our KEEP THEATRE THRIVING fund please indicate the amount in the field below. You will be sent a tax receipt by email or mail.

**Payment enclosed**

Membership Fee	\$
Donation	\$
<b>Total enclosed</b>	\$

By submitting this form you are agreeing to be placed on our email list and will receive *The Prompter*, our periodic e-newsletter. You may unsubscribe from our emails at any time by clicking the **unsubscribe** link at the bottom of any email. (We don't advise it as it is the primary way we communicate with our members.)

I understand and accept.

Signature\_\_\_\_\_

Shuswap Theatre Memberships  
Box 2432  
Salmon Arm BC V1E 4R4