

2020-2021 Dues: \$15.00

Make checks payable to:
THE LITTLE THEATRE OF TUSCARAWAS COUNTY
P O Box 53, New Phila., OH 44663

Membership Form

**FOR OFFICE
USE ONLY**
Dues Paid:
Cash _____
Check _____
Credit _____

Name _____

Address _____

City _____ State _____

ZIP _____ Phone _____

E-mail Address _____

I would like to **Go Green** and receive my Little Theatre newsletter "Curtain Call" via e-mail!

Please place a checkmark indicating committees that you are currently involved in **OR** you would like to get involved with this season:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Box Office | <input type="checkbox"/> Hair & Makeup | <input type="checkbox"/> Props |
| <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> House | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Capital Improvement | <input type="checkbox"/> Lighting | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Marketing | <input type="checkbox"/> Set |
| <input type="checkbox"/> Grants | <input type="checkbox"/> Membership | <input type="checkbox"/> Tour Groups |
| | <input type="checkbox"/> Patrons | <input type="checkbox"/> Ushers |
| | <input type="checkbox"/> Play Reading | <input type="checkbox"/> Wardrobe |



2020 Special Donation Form to help the Theatre during the Pandemic closing period

Amount of one-time Donation: \$ _____

I am enclosing a check for this donation. Check # _____

I would like to pay by credit card. Please issue the appropriate invoice for a PayPal payment.

Name _____

Address _____

City _____ State _____

ZIP _____ Phone _____

E-mail Address _____

I would like to **Go Green** and receive my Little Theatre newsletter "Curtain Call" via e-mail!

Name of Membership #1 (included with donation of \$50 or more)

Name of Membership #2 (included with donation of \$300 or more)

