



MEMBERSHIP FORM

Membership Classification:

Theatre Company (\$50.00)

Individual Membership (\$10.00)

New Member

Membership Renewal

Name:

Address:

City:

Postal Code:

Telephone:

Primary Contact:

Full Name:

Telephone

E-mail:

Secondary Contact (For Groups Only):

Full Name:

Telephone:

E-mail:

Please send this completed form to secretary@calgaryacts.com.

Payment Options:

1. E-transfer treasurer@calgary.acts.com
2. Pay Pal www.calgary-acts.com/about.php
3. Cheque mailed to:
Calgary-ACTS
PO Box 72113 1600 90th Avenue SW
Calgary, Alberta T2V 5H9

Date Received _____ Effective Date _____

Receipt Sent _____

Membership information is collected by Calgary-ACTS for communication and marketing purposes only. Membership information is considered confidential and is not released to third parties without consent, the exception being contact information for Group members that would readily be available to the public via the internet, published telephone directories, etc.