



## **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@calgary-acts.com](mailto:secretary@calgary-acts.com)

**Payment Options:**

1. E-transfer to [treasurer@calgary-acts.com](mailto:treasurer@calgary-acts.com)
2. Cheque mailed to:

Calgary-ACTS

PO Box 72113 1600 90<sup>th</sup> Avenue SW

Calgary, Alberta T2V 5H9

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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.*