



PLEASE MAIL THE COMPLETED APPLICATION ALONG WITH YOUR CHECK MADE OUT TO READING CIVIC THEATRE TO P. O. BOX 186, READING, PA 19603 C/O MEMBERSHIP COMMITTEE

Membership Application

Date: _____

Membership Year: June 1st thru May 31st

Membership Type:

- Regular:** 18 years of age or older, including college students
Dues are \$15.00 per year.
- Students:** Elementary and Secondary School
Dues are \$10.00 per year
School: _____ Grade: _____
- Reinstatement:** In accordance with the RCT Bylaws, former regular members of the Society who have left their membership lapse, shall be charged a fee of \$10.00 in addition to the above listed membership dues amount.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ - _____ - _____, (Work) _____ - _____ - _____

Email: _____ @ _____

Age: (Optional) _____

Note: RCT publishes a Membership Directory which includes the address, home phone number and email address of each member. You may opt out of having your phone number or email address from being included in this list by checking the following box(es):

- Do not list my phone number;
- Do not list my email address

Signature (Parent or Guardian if applicant is under 18 years of age.)

Date

----- (OFFICE USE ONLY) -----

Amount Paid: \$ _____ Received by: _____ Date: _____