Membership Application

Note: Under the bylaws of RCT, everyone participating in a production or serving on a committee shall become a member of the Society.

Date: _____

Membership Year: June 1st thru May 31st

Membership Type:

❒ **Regular:** 18 years of age or older, including college students
Dues are $20.00 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 for a period of 5 years or less shall be charged a fee of $10.00 in addition to the above listed Regular membership dues amount. Deadline date for renewals is August 31st.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____ @ _____

Age: (Optional) _____ Birthday Month _____ Day _____

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

❒ Do not list my address ❒ Do not list my phone number ❒ Do not list my email address

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

Mail to: Reading Civic Theatre, Attn: Membership, PO Box 186, Reading, PA 19603

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Amount Paid: $ _____ Received by: _____ Date: _____ 6/30/2009