



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: January 1st thru December 31st

Membership Type:

- Regular:** 18 years of age or older, including college students
Dues are \$25.00 per year.
 - Complete Address Information Below
- Students:** Elementary and Secondary School
Dues are \$15.00 per year
 - Complete Address information Below
- Family:** Three or more members of the same family, all children < 18
Dues are \$50.00 per year.
 - Complete Address information Below

Head of Household _____ : Main Phone No. _____

Email address: _____ ; Birth Mo/Yr: _____

Spouse: _____ : Main Phone No. _____

Email address: _____ ; Birth Mo/Yr: _____

Child: _____ : Main Phone No. _____

Email address: _____ ; Birth Mo/Yr: _____

Child: _____ : Main Phone No. _____

Email address: _____ ; Birth Mo/Yr: _____

Child: _____ : Main Phone No. _____

Email address: _____ ; Birth Mo/Yr: _____

* Address _____

City: _____ State: _____ Zip: _____

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

----- (Membership Committee Use Only) -----

Amount Paid: \$ _____ Received by: _____ Date: _____ 11/29/2017