



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.
- Students:** Elementary and Secondary School
Dues are \$15.00 per year
School: _____ Grade: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Phone: (Cell) _____ - _____ - _____

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

Date

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

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

Amount Paid: \$ _____ Received by: _____ Date: _____ 2/13/2017