



# 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 1<sup>st</sup> thru December 31<sup>st</sup>

**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