

Membership Form

Personal Information:

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Birthday (month/day): _____

Family Information:

(if family membership)

	Name	Birthday (month/day)
Spouse:	_____	_____
Children:	_____	_____
	_____	_____
	_____	_____

Membership type:

(please check)

Individual (1year) \$10 _____

Family (1 year) \$25 _____

Supporting (1 year) \$100 _____

Please attach a check made out to Live Arts Theatre, or give cash directly to a LAT Board Member.

..... Live Arts Use Only

Amount Paid: _____ Method: _____ Receipt #: _____

Membership Type: _____ Expires: _____