

**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) \$15 \_\_\_\_\_

Family (1 year) \$30 \_\_\_\_\_

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: \_\_\_\_\_

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