

Ilion Little Theatre

2017-2018 SUBSCRIPTIONS AND MEMBERSHIPS

NAME (1) _____

ADDRESS _____

EMAIL: _____

PHONE: _____

NAME (2) _____

ADDRESS _____

(if different) _____

EMAIL: _____

PHONE: _____

Please put an (X) in the option you chose, enter how many you would like and send in your check.

Example: 1 subscription = \$40, 2 subscriptions = \$80, 3 subscriptions = \$120

_____ OPTION #1: **Subscription (All 4 Season shows) = \$40**

How many subscriptions would you like? _____ **Total: \$** _____

_____ OPTION #2: **Membership (All 4 Season shows) = \$25**

How many memberships would you like? _____ **Total: \$** _____

Reduced rate for adults, but requires active participation in the organization.

Participation can be anything from acting on stage, working backstage, helping with sets, or volunteering to work the door at a performance.

Members will also have voting rights in theater business conducted at monthly dinner meetings.

_____ OPTION #3: **Student Subscription (All 4 Season shows) = \$30**

How many subscriptions would you like? _____ **Total: \$** _____

Reduced rate for students with valid student ID.

Mail completed form with a check (payable to: *Ilion Little Theatre*) to:

Ilion Little Theatre
Attn: Kim Darling
PO Box 435
Ilion, NY 13357

Office Use Only

Ck # _____

Cards Sent _____

Date Rcv'd _____