

# Ilion Little Theatre

## 2019-2020 SUBSCRIPTIONS AND MEMBERSHIPS

NAME (1): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_

NAME (2): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
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 = \$45, 2 subscriptions = \$90, 3 subscriptions = \$135

\_\_\_\_\_ OPTION #1: **Subscription (All 4 Season shows) = \$45**

**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) = \$35**

**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**

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Office Use Only

Ck # \_\_\_\_\_ Cards Sent \_\_\_\_\_ Date Rcv'd \_\_\_\_\_