



**TANYS MEMBERSHIP FORM
INDIVIDUAL**

January thru December

Year _____

Please print clearly

For Office Use Only
Rcvd _____
Check # _____

Name _____ Phone (____) _____

Mailing Address _____ County _____

City _____ State ____ Zip _____

E-mail _____

Theatre Group Affiliation _____

MEMBERSHIP LEVEL (check one)

- Current NYSTEA member \$20
- Student \$20 Crew (Individual) \$30
- Cast (Household- 2 adult/2 children) \$75
- Producer \$125 Star \$250 Angel \$500

Membership Amount \$ _____

Donation + \$ _____

Total Amount Enclosed \$ _____

Please consider adding a donation to aid TANYS' ongoing support of academic and community theatres in New York State. All donations are tax-deductible.

Mail to: **TANYS, PO Box 4143, Rome, NY 13442**