



TANYS MEMBERSHIP FORM

ORGANIZATIONAL

January

For Office Use Only

thru December

Year

Rcvd _____

Check # _____

Please print clearly

Organization Name _____

Mailing Address _____

City _____ State _____ Zip _____

Organization Phone (____) _____

Organization Email _____

Organization Website _____

Contact Person _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Contact Phone (____) _____

Contact Email _____

Org. Type: Community Theatre Secondary School University/College Children's Theatre

MEMBERSHIP LEVEL (check one)

NOTE: in 2020 and 2021, due to the coronavirus pandemic, Basic level membership will NOT increase after 3/31 and 6/30

Basic (if paid by 3/31) \$75

Producer \$125

~~***Basic (if paid by 6/30)***~~ \$85

Star \$175

~~***Basic (if paid after 7/1)***~~ \$95

Angel \$275 & up

TOTAL AMOUNT ENCLOSED \$ _____

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

IMPORTANT: Please allow 10-14 days for membership processing.