



TANYS MEMBERSHIP FORM ORGANIZATIONAL

Membership runs January to December

Year _____

<i>For Office Use Only</i>
Received _____
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)

- | | | | |
|-----------------------------------|-------------------------------|-----------------|-------------------------------------|
| <i>Basic (if paid by 3/31)</i> | <input type="checkbox"/> \$75 | <i>Producer</i> | <input type="checkbox"/> \$125 |
| <i>Basic (if paid by 6/30)</i> | <input type="checkbox"/> \$85 | <i>Star</i> | <input type="checkbox"/> \$175 |
| <i>Basic (if paid after 6/30)</i> | <input type="checkbox"/> \$95 | <i>Angel</i> | <input type="checkbox"/> \$275 & up |

TOTAL AMOUNT ENCLOSED \$ _____

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

IMPORTANT: Please allow 10-14 days for membership processing