## III i n o i s **Theatre** Association

## **MEMBERSHIP APPLICATION FORM**

Association	Membership Type:	New	Renewal
Name:	0	rganization:	
Address:	(	City:	State: Zip:
E-mail:		_ Website:	
Region (See map on ITA website	e): How Did	l You Hear A	About the ITA?
Phone Number(s):			(designate home/work/cell)
Division (check main one):			
Creative Dran			Theatre for Young Audiences
Secondary Scl			University/College Theatre
Community T	heatre		<b>Professional Theatre</b>
ITA Membership (check on	e):		
	de copy of ID)		\$15
			\$35
			\$50
	vation (budget under §		\$90
	zation (budget over \$2		\$140
	porate		\$250
			\$500
<b>+</b>			\$750*
	n two equal installments w		
Method of Payment (check of	one):		
		Pavable to:	Illinois Theatre Association
	Visa	•	
Name on Caro	1:		Expiration Date:
Account #:			Security Code: (3 digits on back of card)
			(3 digits on back of card)
Billing Street	Address (if different t	han above):	
Signature:			
	(Transaction listed on you	ır statement as I	llinois Theatre Association)
As a member of ITA you are			k of theatre artists
			theatre in today's society
			news and events
	Suppo	rting ITA spo	onsored activities
Please send application form	n and payment to:	123 Mill Pon	tre Association d Drive / Glendale Heights, IL 60139 2 / 312-265-6101 (fax) theatre.org