



MEMBERSHIP APPLICATION

Membership Classification

Theatre Company (\$50.00)

Individual Membership (\$10.00)

New Member

Membership Renewal

Organization Name _____

Address _____ City _____

Postal Code _____ Telephone _____

Primary Contact

Full Name _____ Telephone _____

E-mail _____

Secondary Contact (For Groups Only)

Full Name _____ Telephone _____

E-mail _____

**Please send the completed form along with a cheque
(payable to Calgary-ACTS) to:**

Calgary-ACTS
PO Box 72113 1600 90th Avenue SW
Calgary, Alberta T2V 5H9
E-mail: info@calgary-acts.com

Payment can also be made via PayPal at www.calgary-acts.com

Date Received _____ Effective Date _____

Receipt Sent _____

Membership information is collected by Calgary-ACTS for communication and marketing purposes only. Membership information is considered confidential and is not released to third parties without consent, the exception being contact information for Group members that would readily be available to the public via the internet, published telephone directories, etc.