



## 2010/11 Membership Form

\_\_\_\_ Yes, I would like to become a member of the Consortium of Boston Area Children's Theatres and work together to support youth theatre in our region.

Organization name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address \_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_

Email address \_\_\_\_\_

Website address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_ \$50 Annual Membership Enclosed (Make check out to CBACT)

\_\_\_\_\_ I cannot become a member at this time but please accept my donation of \$\_\_\_\_\_

Method of payment: \_\_\_Cash \_\_\_Check

Please return this form to:

**CBACT, c/- Chris Lowey  
P.O. Box 161, Mansfield, MA 02048**