



Membership Form
Village Theatre Waterdown, Inc.
P.O. Box 1330
Waterdown, ON L0R 2H0

Name of primary card holder _____

Address _____

City of residence _____ Postal code _____

Phone number () _____ - _____ Email _____

Membership type _____ Date _____

Family (\$25) Single (\$20) Student (\$15)

Family names (if applicable) _____

Please note that a family membership covers anyone living under the same roof. You will receive one membership card in the name of the primary card holder listing the names of every person who may use it in addition to that person.

Method of payment

ADMINISTRATIVE USE

Cash Cheque*

VISA MasterCard

* Make cheques payable to
Village Theatre Waterdown, Inc.

Card number _____

Expiry Date _____

Our Privacy Policy

Member information is shared only with other Village Theatre members. If you do not wish to be included on our membership list, check this box.

Name of card holder _____

Signature _____

I can assist the group in the following areas... (please check any you are interested in!)

Acting

Set construction

ASM

Set decoration

Box Office

Set design

Board of Directors

Stage crew / props

Costumes

Stage Manager

Directing

Tech (lighting/sound)

House Management

Usher / refreshments

Producing

Publicity

Other _____