



MEMBERSHIP FORM

(Please fill out one form for each member!)

Date ____/____/____

First & Last Name _____

Primary Member Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Home _____ Work _____ Cell _____

Email Account _____

LiveJournal Username _____

Mailing List Options: Snail Mail Announcements Only Email Discussion Email
(Please choose all that apply!)

Membership Rate

<input type="checkbox"/> Individual/Primary - \$ 12	Individual over 14 - Primary membership (Voting membership; receives all O ² B ² publications)
<input type="checkbox"/> Household (Adult) - \$ 6	Additional individual over 14 residing at the same address per fiscal year with Individual Member (Voting membership; receives NO publications)
<input type="checkbox"/> Youth - \$ 3	Individuals 14 and under, residing at the same address per fiscal year with Individual Member (Non-voting membership; receives NO publications)

Note: To qualify as an additional Household or Youth member, there must be at least one Individual/Primary member residing at the same address. Only Individual/Primary members receive publications by US mail.

I also wish to donate \$ _____ (amount) to OutOftheBlackBox Theatre Company, Inc.
TOTAL enclosed: \$ _____

PLEASE MAKE CHECKS PAYABLE TO: **OutOftheBlackBox Theatre Company** or **O²B²**

OFFICE USE ONLY:	
Production: _____	
Date: ____/____/____	<input type="checkbox"/> Check _____ (check number) <input type="checkbox"/> Cash Amount: \$ _____
<input type="checkbox"/> Contribution	<input type="checkbox"/> Check _____ (check number) <input type="checkbox"/> Cash Amount: \$ _____

Cash Receipt / Membership payment for **OutOftheBlackBox Theatre Company**:

Received: \$ _____ from _____
on ____/____/____ by _____