

## MEMBER INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Titles: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ \_\_\_\_\_

Suffixes: ☐ Jr. ☐ Ph.D. ☐ MD ☐ III ☐ \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone 1: \_\_\_\_\_

☐ Business ☐ Home ☐ Cell ☐ Fax

Phone 2: \_\_\_\_\_

☐ Business ☐ Home ☐ Cell ☐ Fax

E-Mail: \_\_\_\_\_

Please Send Newsletters By ☐ Regular Mail ☐ Email

☐ *Would you like an additional membership card for your spouse? (\$30 Add'l)*

Spouse Last Name: \_\_\_\_\_

Spouse First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Titles: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ \_\_\_\_\_

Suffixes: ☐ Jr. ☐ Ph.D. ☐ MD ☐ III ☐ \_\_\_\_\_



☐ New Member

☐ Renewing Member

☐ Gift Membership

☐ Individual \$85

☐ Friend \$125

☐ Angel \$250

☐ Benefactor \$500

☐ Patron \$1000

☐ Sponsor \$2500

☐ Star \$5000

☐ Add'l Card +\$30

☐ Donation \_\_\_\_\_

**TOTAL** \_\_\_\_\_

If A Gift Membership:

Given By \_\_\_\_\_

☐ Current Member ☐ Other

## PAYMENT

☐ Visa ☐ MC ☐ AmEx ☐ Personal Chk (# \_\_\_\_\_) ☐ Business Chk (# \_\_\_\_\_)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Authentication Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: ☐ Same as Mailing Address

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

**Please allow 2 weeks for processing from the date of receipt. *Theatre Today* newsletters are mailed at the beginning of each month throughout the theatre season (late August - early May). If you have any questions, please call (212) 564-1142.**

## SPECIAL REQUESTS