

CORBETT CHILDREN'S THEATRE MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Preference: phone email <i>(Please circle)</i>	Phone:	
Email:		
Current address:		
City:	State:	ZIP Code:
Adult Student <i>(Please circle)</i>	Age: 16 17 <i>(Please circle)</i>	
INVOLVEMENT INFORMATION		
CCT volunteer activity in the past year:		Hours:
Producer/Board member verification:		
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I authorize the verification of the information provided on this form as to my experience. I understand that I need to complete the required membership form each January in order to continue to qualify as a member of Corbett Children's Theatre.		
Signature of applicant:		Date: