

Children's Theatre of Annapolis Membership Registration Form

Membership: Individual _____ Family _____

Member/Child Name: _____ Birth date: _____ M/F

Member/Child Name: _____ Birth date: _____ M/F

Member/Child Name: _____ Birth date: _____ M/F

Parent/Guardian Names: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____

Email: _____

I hereby give Children's Theatre of Annapolis permission to photograph and list the names of my children on this form and to use these in any and all promotional materials including but not limited to posters, programs, printed media's and the CTA website.

Parent/Guardian signature: _____ date _____

I would like to receive newsletters and updates from CTA _____ YES/NO

CTA Use Only: Amount Paid _____ Date Paid _____ Expires _____ 7/15

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