



# 2016-2017 CCT MEMBERSHIP APPLICATION

Please remit all membership dues payable to Town of Colchester

Send application and dues to:

Colchester Community Theatre, 127 Norwich Ave., Colchester, CT 06415

Attn: Laura Brown

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## MEMBERSHIP ELECTION

Please select one:

\_\_\_\_\_ \$15 Individual Membership      \_\_\_\_\_ \$30 Family Membership

**\*Effective 1/1/02, Membership (Paid Annual Voting Membership) is required in order to perform in any 2015-2016 Production. Membership is effective 7/1/16 through 6/30/17.**

\_\_\_\_\_ Open Membership

## TELL US ABOUT YOU

Experience: (It is not necessary to have experience, if you are interested in one of these areas, please make a note)

### Performance:

Acting: \_\_\_\_\_

Singing: \_\_\_\_\_

Instrumental: \_\_\_\_\_

Dancing: \_\_\_\_\_

Directing: \_\_\_\_\_

Choreography: \_\_\_\_\_

### Technical:

Lighting: \_\_\_\_\_ Sound: \_\_\_\_\_

Props: \_\_\_\_\_ Costumes: \_\_\_\_\_

Make-up: \_\_\_\_\_ Set Crew: \_\_\_\_\_

Building/Construction/Painting: \_\_\_\_\_

Set Design: \_\_\_\_\_

Artistic/Graphic Design: \_\_\_\_\_

Publicity/Advertising: \_\_\_\_\_

Other: \_\_\_\_\_

