



2018-2019 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 2018-2019 Production. Membership is effective 7/1/18 through 6/30/19.**

_____ 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: _____

