

2021-2022 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 Memb	pership	\$30 Family Membership	
*Effective 1/1/02, Membership (2021-2022 Production. Members		g Membership) is required in order to perform in any /21 through 6/30/22.	
Open Membership			
TELL US ABOUT YOU Experience: (It is not necessary to areas, please make a note)	have experience, if	you are interested in one of these	
Performance:			
Acting:			
Singing:			
Dancing:			
Directing:			
Choreography:			
Technical: Lighting: Props: Make-up:			
Building/Construction/Painting: _			
Set Design:			
Other:			