

2022-2023 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 ELECTIO Please select one:	ON	
\$15 Individual	Membership	\$30 Family Membership
*Effective 1/1/02, Members February Production. Men	• .	Membership) is required in order to perform in any through 6/30/23.
Open Membersh	nip	
TELL US ABOUT YOU Experience: (It is not necessareas, please make a note)	ary to have experience, if yo	u are interested in one of these
Performance:		
Acting:		
Singing:		
Instrumental:		
Dancing:		
Directing:		
Choreography:		
Technical: Lighting:		Sound:
Props:		Costumes:
Make-up:		Set Crew:
Building/Construction/Painti	ng:	
Set Design:		
Artistic/Graphic Design:		
Publicity/Advertising:		
Other		

