

Chester Theatre Council Society

Registration Form

Renewal

New

Name _____

Main Address _____

Phone # _____

Other Address (if different) _____

Other Phone # _____

E-mail _____

Membership Dues:

Family (\$35) _____

Single (\$25) _____

Student (\$10) _____

Donation:

Operational Fund _____

(All donations of \$150.00 or more accompanying this membership registration form will entitle the donor to a free family membership for the current year. A tax receipt for the full amount of the donation will be issued.)

TOTAL AMOUNT _____

I wish to pay by (select one) : Cash Cheque Visa MasterCard

Card # _____ Expiry Date _____

Signature _____

(Cheques payable to Chester Theatre Council)

Mail to: Chester Playhouse, PO Box 293, Chester, NS B0J 1J0

Or Fax to: 902-275-5784