



P.O. Box 474, Brockville Ontario K6V 5V6

Membership Form

Term of membership: Fiscal period beginning June 1st through to May 31st of the next calendar year.

Name(s) for receipt (*Please print*): _____

I was already a member last year, my contact information has not changed except where completed below:

Mailing Address: _____
Civic Number/P.O. Box Street Name City Postal Code

Telephone number: () _____ - _____ email: _____

**** Personal information collected on this form will be used to manage correspondence, financial reporting or for other internal administrative purposes. The information it contains will not be shared outside the Brockville Theatre Guild except as may be required by law*

Please indicate your preferred membership category

Benefactor (\$275 or more) Patron (\$150) Donor (\$75) Adult (\$25) Family (\$50) Student (\$15)

Benefactors, Patrons and Donors will be acknowledged in all programmes.

Please notify the Board of Directors, or indicate here if you do not wish to have your name included in any programmes.

All members will receive a tax receipt & electronic copies of "The Masque" newsletter as well as news by email from the Eastern Ontario Drama League and other theatre organizations from time to time unless otherwise indicated.

- Please do not send me any email except for notice of meetings, announcement of auditions and for shows*
- Please send me a paper copy of the Masque, mailed to me at my home address indicated on this form*
- Please register me to attend the Annual General Meeting. I understand someone will notify me by email when the date is confirmed*

The Brockville Theatre Guild implemented and maintains a number of policies governing conduct, use of images and video for social media and promotion purposes and the collection, storage and use of personal information. These policies are available in writing to all new members and also on the web page at www.brockvilletheatreguild.ca.

By completing and submitting this form, I acknowledge that it is my responsibility to read and uphold these policies while participating in all activities hosted or sponsored by the Brockville Theatre Guild.

Thank you for your generous support!

Administrative Notes: You may submit the form, then follow-up to pay by whatever means is your preference.

Paid Cash **Cheque** # _____ **e-Transfer** to Brockvilletheatreguild@hotmail.com

Amount: \$ _____ **Receipt number:** _____

Receipts will be sent by mail unless other arrangements are made and serve as confirmation.