



MEMBERSHIP APPLICATION

Please include me in the Mantorville Theatre Company membership for the year _____.

Name: _____

Address: _____

City: _____

State, Zip Code: _____

Email: _____

Circle one: **YES** **NO** Include my email for occasional MTC updates.

I qualify for membership based on payment or as a volunteer. (✓ which applies)

_____ submission of a \$25 or greater payment (make check out to Mantorville Theatre Company, or donate online at www.mantorvilletheatrecompany.com), or

_____ volunteer actor for the _____ show, or

_____ volunteer: backstage assistance, lighting or sound management, or assistant director

for the _____ show, or

_____ volunteering for the following six single events (including ticket-taking, ushering, help with set build, help with set strike, help with costumes, clean-up day, and the like.)

(Turn in at the Mantorville Opera House box office or mail to MTC, PO Box 194, Mantorville, MN 55955)