

Novato Theater Company
Associate Membership
Application/Renewal

DATE _____ NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE _____ EMAIL _____

ADULT SIGNATURE _____

Please let us know your areas of interest and expertise in theatre, so that we may call on you to help as needed in future productions.

- | | | |
|-----------------------------------------------------|-------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Directing | <input type="checkbox"/> Producing |
| <input type="checkbox"/> Stage Manager | <input type="checkbox"/> House Manager | <input type="checkbox"/> Set Painting |
| <input type="checkbox"/> Properties | <input type="checkbox"/> Set Building | <input type="checkbox"/> Brochure Design |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Costumes | <input type="checkbox"/> Lights/Sound Ops |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Ticket Booth | <input type="checkbox"/> Play selection |
| <input type="checkbox"/> Work parties and clean-ups | <input type="checkbox"/> Anything, just call me | |

If applicable, please list when and how you have volunteered with NTC in the **last year**.

I plan on fulfilling the requirements to become a Principal Member*

_____ Yes _____ No _____ Don't know

*Principal members must volunteer on at least two NTC productions (or an equivalent volunteer effort) during the season. They receive voting rights and other benefits.