



Performing Arts Burlington

PERFORMER - Cast Member

MEMBERSHIP APPLICATION

Yes! I want to be part of Performing Arts Burlington.

Your name will be listed and made public in our Annual Membership Directory.

If you wish your name to be withheld from the directory, please check here .

NEW RENEWAL Same contact details as currently on file or please note changes. Date _____

Name _____

Address _____

Town/City _____ Postal Code _____

Phone _____ Fax _____

Email _____ Website _____

I am a Performer Working Member student with _____ (group name)*

*I understand that if this group gives up its Performing Arts Burlington membership, or if I give up my membership in the group, future renewals will be at PAB's Patron Individual Membership rate or Performer Individual Membership rate.

Yes! I would like to receive the Performing Arts Burlington newsletter by: email regular mail

Yes! I would like more information on volunteering

I enclose my yearly membership of \$10.00 cheque (payable to "Performing Arts Burlington") Visa MasterCard

I would like to maximize my support of Performing Arts Burlington by making a tax deductible contribution of \$ _____

Tax receipts will be issued for donations of \$25 or more.

Cardholder's name _____

Card # _____ Expiry _____

Cardholder's Signature _____

Please forward this completed form with your payment to:

PERFORMING ARTS BURLINGTON , 2114 Lakeshore Road, Burlington ON L7R 1C8

tel: 905-631-6666 • fax: 905-631-1307 • email: pab@cogeco.net • www.performingartsburlington.com

PERFORMER - CAST MEMBER BENEFITS

- receive quarterly newsletter
- name included PAB Annual Membership Directory
- opportunity to become involved in PAB volunteer programs
- notice of PAB special events and workshops
- membership card and decal
- voting privileges at PAB general meetings

PLEASE NOTE: PAB respects your privacy. We protect your personal information and adhere to relevant privacy legislation. We do not rent, sell or trade our mailing list. We will use this information to keep you informed of performing arts activities. If you wish to be removed from our contact list, call 905-631-6666, or email us at info@performingartsburlington.com.

FOR OFFICE USE ONLY

Date received _____

Updated database _____

Card issued _____

Payment processed _____

Notes: _____

Total enclosed: \$ _____