

Millersport Community Theatre

P. O. Box 637
Millersport, Ohio 43046

Membership Registration - please print

Member or Parent/Guardian Name: _____

Email address: _____ Phone: _____

Mailing address: _____

Additional Member(s): _____

Email address: _____ Phone: _____

Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Active members will be listed in our musical programs and on the website by their membership level. Members will also receive all MCT coorespondence through email and will be notified of first-chance ticket sales. Additionally, members will be given access to the member page on the MCT website. All contributions are tax deductible. Online payment options are also available on our website at www.MCTohio.com. Parent/Guardian of Jr. Members are not required to be a member.

Family or Single Contributions:

*Angel of MCT	\$200 or more	\$ _____
*Benefactor of MCT	\$150.00	\$ _____
*Patron of MCT	\$100.00	\$ _____
*Friend of MCT	\$60.00	\$ _____
Single Membership(s)	\$20.00	X _____ \$ _____
Jr. Member of MCT - child 18 yrs or less	No Fee	

*includes single membership(s)

Make checks payable to: **Millersport Community Theatre**

Total: _____

I would like to help with (check all that apply):

- | | | |
|------------------------|------------------------------------|----------------------|
| Fundraising _____ | Technical (Sound & Lighting) _____ | Board member _____ |
| Set Construction _____ | House Manager _____ | Makeup _____ |
| Ad Sales _____ | Publicity _____ | Costumes/Props _____ |
| Concessions _____ | Stage Manager/Assistants _____ | Musician _____ |
| Graphic Design _____ | Social Media _____ | Ushers _____ |
| Ticket Sales _____ | Jr. ACT _____ | Grant writing _____ |

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Cash or Check #: _____ (circle cash or provide check #)

Received by: _____ Date _____