



Millersport Community Theatre

P.O Box 637 Millersport, OH 43046

Membership Registration Form

18+ Member/ Jr Member Guardian:

Name: _____

Email: _____ Phone: _____

Mailing Address: _____

Additional 18+ Member:

Name: _____

Email: _____ Phone: _____

Mailing Address: _____

Jr Member(s):

Jr Member: _____ Age: _____

Jr Member: _____ Age: _____

Jr Member: _____ Age: _____

Membership Levels:

Angel of MCT*.....\$200+

Benefactor of MCT*.....\$150

Patron of MCT*.....\$100

Friend of MCT*.....\$50

Single 18+ Membership..... _____ x \$10

Jr Membership**.....No Fee

Total: _____

*All donation levels Friend of MCT and above include single membership.

**Guardians of Jr Members DO NOT need to become MCT members.