

## Millersport Community Theatre P.O. Box 637 Millersport, OH 43046

## **Membership Registration Form**

Member or Parent/Guardian Nam	ne:
Email:	Phone:
Mailing Address:	
Additional Member(s):	
	Phone:
Mailing Address:	
Jr. Member:	Age:
Jr. Member:	Age:
Jr. Member:	Age:
A section Advantages and the section	II of annual annual and
Active Members will be listed in all of our show programs, and on the MCT website based on their level of Membership. Members will also	
	via email and will be notified of the
opportunity for Early Access and Discounted Ticket Sales. Members	
will also be given access to the password-protected Members page on	
the MCT website. All donations and contributions are tax-deductible;	
online payment options are available at www.mctohio.com. (Parent/	
Guardians of Jr. Members DO NOT need to become MCT members)	
Family or Single Contributions:	
Angel of MCT*	\$200+
☐ Benefactor of MCT*	\$150
☐ Patron of MCT*	\$100
☐ Friend of MCT*	\$50
Single Membership	x \$10
☐ Jr. Member of MCT	No Fee
*Includes Single Membership	Total
Make checks payable to: M	Iillersport Community Theatre
Let us know how you'd like to help	out at MCT:
☐ Fundraising ☐ Sound ☐	_Board Member
☐ Set Construction ☐ Lighting ☐	Costumes Social Media
☐ Ad Sales ☐ Ushering ☐	
	 ∏Musician ☐ Stage Managemen
Check # (If cash, write "Cash"):	
Received by:	Date: