Lennox Community Theatre Application for Membership

Nama(a)	
Name(s)	
Mailing address	
Walling address	
Phone number(s)	
, ,	
Email address(es)	
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Please check one:	
☐ Single membership (\$10.00)	
☐ Family membership (\$15.00)	
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Please make cheques payable to Lennox Community Theatre. If you are mailing this application.	
please send it to:	
I amnov Commu	nitry The actua
Lennox Community Theatre	
Attention: Memberships 2219 County Rd 11	
Selby, Ontario	
K0K 2Z0	

Would you like to be contacted to help out in some production capacity (acting, directing, stage managing, set construction, serving on the play-reading committee, canteen/front-of house duty, etc.) as needs arise? If so, please indicate your area(s) of interest below.