

## Thistle Theatre Membership Application

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please indicate  
which year you are  
paying for:

Current year

Next year

Other \_\_\_\_\_

*\*\*use back of form if necessary*

**\*\*Please note: Membership runs from Jan.-Dec. and is due by the Annual Meeting in February.**

Mail payment of \$10 per membership to: Box 333, Embro, ON N0J 1J0  
or give to any Thistle Theatre board member. Application form must accompany payment.