

WOULD YOU LIKE TO BE A MEMBER OF TNL?

If so, please complete this form and return with your donation.



ANNUAL MEMBER REGISTRATION FORM

TNL Membership information:

- Membership is open to any person 18 years and older who donates a minimum of \$25 per year.
- Members of TNL are required to register with the organization on an annual basis.
- Any member is eligible to stand for any office on TNL's Board of Directors.
- Membership is non transferrable.
- Members are entitled to attend and vote at the Annual General Meeting and any Special Meeting of TNL.
- Membership in TNL ceases upon death of a member, or if by notice in writing to the Secretary, he or she resigns from membership or ceases to qualify for membership under the organization's by-laws.

MEMBER INFORMATION

Last name:		First Name:	
Home phone #:	Cell phone #:	Work phone #:	
P.O. Box or Street Address:	City:	Province:	Postal Code:
E-mail address:			

MEMBERSHIP CONFIRMATION

My signature hereby confirms that the above information is true to the best of my knowledge. I also confirm that I meet the membership requirements set out above.

Signature: _____	Date: _____
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NO – I DO NOT WISH TO BE A MEMBER OF TNL, BUT PLEASE ACCEPT MY DONATION

Name: _____

ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE #: _____

AMOUNT OF DONATION (from member or non-member): _____

NAME: (as you wish to be listed in the program):

METHOD OF PAYMENT: VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ CHEQUE _____ CASH _____

Credit Card No: _____ Expiry Date: _____

PATRON: \$500 & UP; BENEFACTOR: \$250-\$499; SUSTAINING MEMBER: \$100-\$249; DONOR: \$25-\$99

You can mail your donation, along with this form to:

Theatre Newfoundland Labrador, P.O. Box 655, Corner Brook, NL A2H 6G1

Phone: (709) 639-7238 Fax: (709) 639-1006 tnl@theatrenewfoundland.com www.theatrenewfoundland.com

Thank you!

YOUR LAST DONATION OF \$ _____ WAS RECEIVED _____

Your contribution is greatly appreciated

OFFICE USE ONLY

Date Annual Contribution Received:	Amount:
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