

**Application for Membership/Renewal
(1 of 3 forms)**

This is to confirm that

_____ **Theatre Name**
desires to renew/make application for membership in the NVTA
for the _____
season.



Accompanying this application is our check for annual membership dues of \$25.00. (Please make checks payable to NVTA.) If this is an application for new membership, please include a facsimile of a map of the location of your performances and a logo, if any, as you wish them to be printed in the NVTA calendar.

_____ **Theatre Mailing Address**

_____ **City/State/Zip**

_____ **President/Executive Director/Artistic Director**

_____ **Phone (home)**

_____ **Address/City/State/Zip**

_____ **Phone (office)**

_____ **Alliance Representatative**

_____ **Phone (home)**

_____ **Address/City/State/Zip**

_____ **Phone (office)**

_____ **Alliance Alternate**

_____ **Phone (home)**

_____ **Address/City/State/Zip**

_____ **Phone (office)**

Our group wishes to order _____ calendars for
(Please remit payment with forms or at September meeting.)

Office phone numbers will not be
be used on fact sheets or calendars,
unless requested

Please return all forms and checks to :

NVTA
c/o Bruce Follmer
5279 Navaho Drive
Alexandria, VA., 22312

By **AUGUST 1**

DATA FOR NVTA CALENDAR/FACT SHEETS
(Form 2 of 3 forms)

Theatre Name

Perform At

Mailing Address (if different)

City/State/Zip

City/State/Zip

Theatre Phone (Reservations)

Theatre Phone (Information)

Web site: http://_____

E-Mail : _____

CURTAIN TIMES:

	_____ P.M. Evening			_____ P.M. Matinee
PRICES:				
Adult	\$ _____	\$ _____	(_____)	Season Tickets: \$ _____
	Play	Musical	Performances	
	\$ _____	\$ _____	(_____)	Group Rates \$ ____ / ____ Tickets
	Play	Musical	Performances	
				Amount reduction for advance reservations \$ _____
Senior Citizen	\$ _____	\$ _____	(_____)	
	Play	Musical	Performances	
	\$ _____	\$ _____	(_____)	
	Play	Musical	Performances	
Student	\$ _____	\$ _____	(_____)	
	Play	Musical	Performances	
	\$ _____	\$ _____	(_____)	
	Play	Musical	Performances	

President/Executive Director/Artistic Director

Phone (home)

Address/City/State/Zip

Phone (office)

Alliance Representative

Phone (home)

Address/City/State/Zip

Phone (office)

Newsletter Editor

Deadline

Phone (home)

Address/City/State/Zip

Phone (office)

Office phone numbers will not be on fact sheets or
or calendars, unless requested.

Return all forms to: NVTA

C/O BRUCE FOLLMER

5279 NAVAHO DRIVE

ALEXANDRIA, VA 22312

by AUGUST 1 at the LATEST!

DATA FOR NVTA CALENDAR/FACT SHEETS (CONTINUED)
 (Form 3 of 3 forms)

Theatre Name	Productions for	Season
1. _____ Show Name	_____ Audition Dates	_____ Production Dates
2. _____ Show Name	_____ Audition Dates	_____ Production Dates
3. _____ Show Name	_____ Audition Dates	_____ Production Dates
4. _____ Show Name	_____ Audition Dates	_____ Production Dates
5. _____ Show Name	_____ Audition Dates	_____ Production Dates
6. _____ Show Name	_____ Audition Dates	_____ Production Dates
7. _____ Show Name	_____ Audition Dates	_____ Production Dates
8. _____ Show Name	_____ Audition Dates	_____ Production Dates

_____ **Audition Location** _____ **Street/City/State**

MEMBERSHIP DUES:

\$ _____ includes the following benefits: _____
 per year

Other information you would like included if space is available in the calendar, e.g., awards for previous year, services performed, accomplishments, one-act winners (list in order of preference)

Please return to : NVTA
 c/o Bruce Follmer
 5279 Navaho Drive
 Alexandria, VA 22312 **by AUGUST 1st at the latest!**