

Theatre Oxford

I value theatre in my community!

Here is my annual membership contribution

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Telephone _____

I would like to join Theatre Oxford at the rate of

- | | | |
|--------------------------|--------------------|---------|
| <input type="checkbox"/> | Student | \$15 |
| <input type="checkbox"/> | Individual | \$20 |
| <input type="checkbox"/> | Family | \$35 |
| <input type="checkbox"/> | Players Circle | \$50 |
| <input type="checkbox"/> | Directors Circle | \$100 |
| <input type="checkbox"/> | Playwrights Circle | \$250 |
| <input type="checkbox"/> | Producers Circle | \$1,000 |

I am interested in

- | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Attending shows | <input type="checkbox"/> | House Managing |
| <input type="checkbox"/> | Performing | <input type="checkbox"/> | The National 10 Minute Play Contest |
| <input type="checkbox"/> | Directing | <input type="checkbox"/> | Storytelling |
| <input type="checkbox"/> | Writing | <input type="checkbox"/> | Workshops |
| <input type="checkbox"/> | Costuming | <input type="checkbox"/> | Publicity |
| <input type="checkbox"/> | Technical/Backstage work | <input type="checkbox"/> | Fundraising |
| <input type="checkbox"/> | Set Construction | <input type="checkbox"/> | Other _____ |

Please mail this form and your check to

THEATRE OXFORD

Post Office Box 1321

Oxford, MS 38655

THANK YOU!

*Theatre Oxford is a 501(c)3 nonprofit organization.
All contributions are tax deductible as allowed by law.*