



# Liberty Lake Community Theatre

## Membership Application

Please Print Clearly

Name \_\_\_\_\_ Application Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip

### Membership Dues

Pay by Cash or Check made out to Liberty Lake Community Theatre

\$10 Individual

\$15 Family

For Family Membership please list family members living in same household to be included:

_____	_____
_____	_____
_____	_____
_____	_____

### Membership Benefits

- Active Involvement in Productions
- Discounted Production Tickets
- Opportunity to participate on the Board or Committees
  - Receive Newsletters and Announcements
  - Name displayed on Webpage
  - Voice and a Vote at Meetings

*Please check the box if you:*

- Want to Receive Email Updates and Announcements from LLCT
- Want to Receive the LLCT Newsletter
- Are Interested in Sponsorship