

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.