



PORT HURON CIVIC THEATRE MEMBERSHIP FORM

P. O. Box 610821
Port Huron, MI 48061-0821

Type of Membership (please circle)	Adult (\$25)	Youth (\$10)	New Member
	Family (\$50)		Continuing Member

Name: _____

Address: _____

City: _____

State/Zip: _____

Evening/Home Phone: () _____

Daytime/Business Phone: () _____

Cell Phone: () _____

Email Address: _____

Birthday (mm-dd-yyyy): _____

Last show you participated in: _____

Dues are \$25 annually for individual ages 18 and over, \$10 annually for ages 17 and younger, \$50 for family membership that consists of at least two adults and one child. Membership is due at the first rehearsal and expires one year from the date paid. Only members who have paid dues may participate in a production. Active Members are invited and encouraged to attend the PHCT monthly board meetings held on the second Monday of each month, check the website (www.phct.com) for location.

Make checks payable to PHCT

Date dues paid: _____
Collected by: _____
Amount collected: \$ _____