

**Kankakee Valley Theatre Association
GENERAL Membership Form**

Annual Membership Season: July 1 – June 30

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Individual Membership / \$28

(Includes parents and children under the age of 18 who reside at the same address. If a child is 18 or older, they will be required to have a separate membership from their parent.)

TOTAL DUE: \$ _____ Check Credit Card (Visa, Mastercard, Discover)

Acct#: _____ - _____ - _____ - _____

Expiration Date: ____/____/____ Security Code: ____ ____ ____

Billing Zip Code: _____

Signature: _____

Mail to KVTA – PO Box 744 – Kankakee, IL 60901-0744

Thank you for your continued support of Kankakee Valley Theatre Association!