**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!*