



ORGANIZATIONAL SETC + IOT MEMBERSHIP

Please return with payment.

Completing this form does **NOT** register you for the SETC Convention or other SETC or IOT events. Visit www.setc.org for event and convention information.

Organization: _____

Address: _____

Street/PO Box

City _____ State _____ Zip _____

Phone Number: _____

Work

Fax

Organizational Website: _____

Primary Contact: _____

Title/Position: _____

Email: _____

Preferred

Alternate

By providing your mail and email addresses you are agreeing to receive our publications as well as information promoting our products or services. If you do not wish to receive, please check here:

I do not wish to receive promotional mailings. I do not wish to receive promotional email.

Division

NUMBER 1ST & 2ND CHOICE:

- ___ Professional Theatre
- ___ Community Theatre
- ___ College/University
- ___ Secondary (High) School
- ___ Theatre for Youth

Interest Area

NUMBER 1ST & 2ND CHOICE:

- ___ Acting
- ___ Admin/Management
- ___ Cultural Diversity
- ___ Design/Technology
- ___ Directing
- ___ History/Theory/Literature/Criticism
- ___ Musical Theatre & Dance
- ___ Outdoor Theatre
- ___ Playwriting
- ___ Religion & Theatre
- ___ Small Theatre Program
- ___ Stage Management
- ___ Stage Movement
- ___ Voice & Speech
- ___ Women in Theatre

Organizational Membership is \$77

PAYMENT OPTIONS

Money Order Enclosed Money order # _____

Check Enclosed Check # _____

MasterCard Visa

Card Number: _____ Expiration: ____ / ____ Security Code: _____

Name on Card: _____ Signature: _____

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Office use only: DB: _____ / _____
date initials

QB: _____ / _____
date initials

CR: _____ / _____
date initials