

**Mississippi Theatre Association**  
**Organizational Membership Form**

Theatre Name: \_\_\_\_\_

Type of Theatre (circle one): Community College/University School Professional

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Year founded: \_\_\_\_\_

Organizational Membership Fee: \$60.00

Donation Amount: \_\_\_\_\_

Total: \_\_\_\_\_

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Credit Card (circle one): Mastercard Visa

Name as it appears on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Number: \_\_\_\_\_

Billing address (if different from above): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail form and check to: Mississippi Theatre Association Stacy Howell, Mississippi Theatre Association,  
P.O. Box 625 Ocean Springs, MS 39566