

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: \$55.00
Donation Amount:

Total: _____

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
Stephen Cunetto
1247 Bardwell Road
Starkville, MS 39759