



## Membership Enrollment Form

Today's Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Are any under 18 years of age?  NO  YES

If yes, please indicate age next to name above

If yes, your parent must sign this form and be a member also. What is your parent's or legal guardian's name? \_\_\_\_\_

If yes, you will be enrolled as a Junior Member. You will not be able to vote but will enjoy all other benefits of membership.

Email(s): \_\_\_\_\_@\_\_\_\_\_

\_\_\_\_\_@\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Dues are \$10 for the theatre year (October 1 – September 30) per individual.

Dues are \$20 for a household (up to 4 individuals).

Dues are not pro-rated.

Please make checks payable to **SRO Productions, Inc.** and submit to an Officer or mail to:

SRO Productions  
PO Box 753  
Somers, CT 06071

---

### Office Use

Date: \_\_\_\_\_ Treasurer Received

\_\_\_\_\_ Secretary Received

\_\_\_\_\_ Added to Membership Roster