

Date submitted: _____

Check #: _____

Cash: \$ _____



PO Box 635, Newtown Pennsylvania 18940

215-860-7058

www.newtownartscompany.com

MEMBERSHIP APPLICATION 2019

NAME _____

ADDRESS _____

_____ ZIP _____

PHONE _____ - _____ - _____ CELL _____ - _____ - _____

E-MAIL _____

OCCUPATION _____

SCHOOL _____ GRADE _____

If this is a family application, please list names of family members, their ages, and, if applicable, occupation, school and grade. (Use the back if more room is needed)

Dues are \$25 for membership (for any individual or family group) from January 1 to December 31. Checks should be made payable to NEWTOWN ARTS COMPANY.

MEMBERSHIP entitles you to participate in the activities of NEWTOWN ARTS COMPANY, including membership meetings, workshops, theater trips, social events, script readings, theatrical productions and any ticket discounts for which we are eligible. NEWTOWN ARTS COMPANY e-mail notifications are part of your membership fee. Participation in the company's activities is voluntary. However, any person participating in any capacity in a NEWTOWN ARTS COMPANY production must be a member. Proceeds from production ticket sales benefit the Ray Fritschy, Joseph McKernan and Newtown Arts Company Scholarship Funds. Scholarship grants are presented each year to seniors graduating from area high schools who are continuing their education in the performing and fine arts.