



### Membership Registration



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

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

City, State, Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

E- Mail: \_\_\_\_\_



I, the undersigned, agree to pay \$20.00 per month to Idaho Actors Collective, LLC for membership in the collective (due on or before the 5th of each month). For this fee I will receive access to weekly workshops (excludes Professional Guests), the ability to reserve open space for rehearsal, and an invitations to audition in shows produced by the Actors Collective Theater.

#### Member

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### IAC

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_