

***OHIO COMMUNITY THEATRE ASSOCIATION***

***APPLICATION FOR MEMBERSHIP***

***FOR COMMUNITY THEATRES***

**Annual Membership January to December - $65.00**

**Credit card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip code \_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration date (MM/YY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV (from back of the card) \_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE: REGION (if known):

NAME OF THEATRE:

MAILING ADDRESS:

CITY: STATE: ZIPCODE:

**COUNTY**: THEATRE FOUNDING/INCORPORATION DATE(S):

BOX OFFICE PH: THEATRE PH#:

E-MAIL ADDRESS: WEB SITE:

PRODUCTION LOCATION:

**BASIC REQUIREMENTS FOR OCTA THEATRE MEMBERSHIP**

Please Check

1. Non-professional, not-for-profit Community Theatre-------------------------------------------- Yes\_\_\_\_ No \_\_\_\_

2. Regular annual schedule of one or more productions------------------------------------------ Yes\_\_\_\_ No \_\_\_\_

3. Theatre work on a volunteer basis------------------------------------------------------------------- Yes\_\_\_\_ No \_\_\_\_

4. Do you pay your actors---------------------------------------------------------------------------------- Yes\_\_\_\_ No \_\_\_\_

**THEATRE DELEGATE/CONTACT PERSON**:

NAME: TELEPHONE:

E-MAIL:

**ALTERNATE CONTACT PERSON**

NAME: TELEPHONE:

E-MAIL:

Email to: Aara Wise, Admin Asst. octa1953@gmail.com or mail to: 464 Sherwood Downs Rd. S. Newark, OH 43055

FOR OFFICE USE ONLY:

Date application received: Date acknowledged: Date of Board approval:

Date theatre notified of approval: By:

Revised 10/2023