



MEMBERSHIP
REGISTRATION
FORM

Date: _____

Name: _____

Street: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Your email address will be added to our Membership mailing list through which you will receive official emails about KWLT events

Attached is my payment for the following amount:

- \$15 for a Full Membership
- \$10 for a Junior Membership (Under 18 years old).
- \$10 for a Production Membership (No other benefits)

Show: _____

- \$25.00 for a Family Membership (up to two adults and all residents under 18)

Family Members: _____

Have you been a KWLT member before?

- Yes, I first joined in _____
- No, this is my first time joining

Would you like to join our Announce mailing list to find out about other local theatre related events? Yes No thanks Already on

Please mail this form to: KWLT Director of Membership, 9 Princess St. E.,
Waterloo, ON N2J 2H4

See you at the theatre!