



**INDIVIDUAL SETC Membership**  
 Please return with payment  
 Completing this form does **NOT** register you for the  
 SETC Convention in March.  
 Visit [www.setc.org](http://www.setc.org) for Convention information.

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Address:** \_\_\_\_\_  
Street/PO Box Apt #

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

**Phone Number:** \_\_\_\_\_  
Home Cell  
 \_\_\_\_\_  
Work Fax

**Email:** \_\_\_\_\_  
Preferred Alternate

By providing your mail and email addresses you are agreeing to receive our publications as well as information promoting our products or services. If you do not wish to receive, please check here:  I do not wish to receive promotional mailings.  I do not wish to receive promotional email.

**Organization/Theatre/School Affiliation:** \_\_\_\_\_

**Choose One Divisional Choice:**  Theatre for Youth  Community  Professional  Secondary School  College/University

**Number 1<sup>st</sup> and 2<sup>nd</sup> Primary Interest Areas:**

- Administration/Management  Directing/Acting  Musical Theatre  Playwriting
- History/Criticism  Religion in Theatre  Voice and Speech
- Stage Movement  Design/Technology  Film/Television

**Choose Membership Type:**  Individual \$70  Student \$40  Senior Discount \$50  
 Life \$1200  
*(may be paid in two installments of \$600.00 each)*  
 1<sup>st</sup> Life Installment (\$600)  2<sup>nd</sup> Life Installment (\$600)

**PAYMENT OPTIONS**  Money Order Enclosed Money order # \_\_\_\_\_  
 Check Enclosed Check # \_\_\_\_\_  
 MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Office use only:** DB: \_\_\_\_\_ / \_\_\_\_\_ QB: \_\_\_\_\_ / \_\_\_\_\_  
date initials date initials