



ORGANIZATIONAL SETC Membership

Please return with payment

Completing this form does **NOT** register you for the SETC Convention in March.

Visit www.setc.org for Convention information.

Organization: _____

Address: _____
Street/PO Box

City _____ State _____ Zip _____

Phone Number: _____
Work _____ Fax _____

Organizational Website: _____

Primary Contact: _____

Title/Position: _____

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.

Choose One Divisional Choice: Theatre for Youth Community Theatre Professional Theatre
 Secondary (High) School College/University

Organizational Membership is \$70

PAYMENT OPTIONS Money Order Enclosed Money order # _____

Check Enclosed Check # _____

MasterCard Visa

Card Number: _____ Expiration: ____ / ____ Security Code: _____

Name on Card: _____ Signature: _____

SETC ♦ 1175 Revolution Mill Dr. Ste. 14, Greensboro, NC 27405 ♦ Phone: 336-272-3645 ♦ Fax: 336-272-8810 ♦ Email: setc@setc.org ♦ www.setc.org

Office use only: DB: _____ / _____
date initials

QB: _____ / _____
date initials