



MEMBERSHIP APPLICATION

Membership Season: 2021-2022 (Membership expires Date of AGM)

I wish to purchase: ☐ Individual membership at \$20.00 ☐ Family membership at \$50.00

Name:	
Phone:	Enclosed payment of: \$ Cash / Chq or e-transfer to info@fsmtheatre.ca
Email:	

According to the BC Society act, if you are under the age of 19, you are not eligible to vote in general proceedings of the society. For any member under the age of 19, a parent or legal guardian must apply on behalf of the member, above.

Parent's Signature: _____

Please give this completed form and your payment to Kathy Middleton (President), Bert Davis (Treasurer), any member of the Four Seasons Board of Directors.

☐ I have read, understood and agree to adhere to the Four Seasons Musical Theatre Membership Policy

☐ Yes, I would like to receive your email newsletters

Thank you for your interest in becoming a member of Four Seasons Musical Theatre Society!

Collection of Information

The information you provide is solely used by Four Seasons Musical Theatre. This information will be used to provide you with updates and upcoming events of Four Seasons Musical Theatre. If at any time you wish to be removed from this mailing list, please send a request in writing to the Board of Directors. The information collected will be kept for one year after the membership seasons.