



MEMBERSHIP FORM
SANTA MARIA CIVIC THEATRE

NAME(S) _____ DATE _____

ADDRESS _____

Include Street, City, State and Zip Code

PHONE _____ CELL _____ EMAIL _____

ADULT MEMBERSHIP (\$20) x _____ AMOUNT DUE _____
18 years of age and older

YOUTH MEMBERSHIP (\$10) x _____ AMOUNT DUE _____

TOTAL AMOUNT ENCLOSED: _____

You may pay by check or credit card. If paying by credit card, please complete the information requested below. Print your name exactly as it appears on the card.

Indicate below your method of payment:

Check payable to Santa Maria Civic Theatre (SMCT) enclosed

Charge to: MasterCard VISA American Express Discover

Card Number _____

Expiration Date _____

Signature _____

Please mail completed form along with your check or credit card information to:
SMCT, Attention Membership, P O Box 161, Santa Maria, CA 93456

Please note: You do not need Performing Arts experience to become a member; however, your creativity will be appreciated. It is expected that you will participate in SMCT activities and take advantage of the Workshop approach – learning and sharing by doing. Your membership also entitles you to half price admission at regular season productions.