

140 MacNab St N, Hamilton, ON L8R 2M3 905.522.1715 hamiltontheatre.com

Membership Application

Name:			
Address:			
City:	Province:	Postal Code:	
Phone:	Email:		
Do you wish to receive inf	ormation related to HTI by email? ((please check) Yes: No:	
I am interested in: (please of	heck all that apply)		
☐ Makeup/hair/ward	set design, props, sound, lighting)		
Membership fees:			
	adults and all children under 18) ull time high school/college/university		
I understand that I may no Hamilton Theatre Inc (HTI injury, loss, or damage wh	ot commence rehearsals for any pro). It is understood and agreed by me ich may be suffered or incurred by in ny liability whatsoever. All member	oduction until I have become a pai e that HTI is not to be held respon me whole engaged in any of its ac	sible for any ctivities, and I
Signature:		Date:	
Card #:	j	Exp Date:/ C	 VC: