

NJACT THEATER MEMBER APPLICATION

THEATER INFORMATION

Theater Company :	Date:
Street address:	
City:	County: ZIP Code:
Phone Number :	
E-mail Address	Website:

THEATER REPRESENTATIVE

Name :		
Address:		
City:	County:	ZIP Code:
Phone (cell) :	Phone (home):	E-mail:

THEATER REVIEWERS

☐ Same as above Theater Representative

1. Name :		
Address:		
City:	County:	Zip Code :
Phone (cell) :	Phone (home) :	E-mail :

☐ Same as above Theater Representative

2. Name :		
Address:		
City:	County:	Zip Code:
Phone (cell) :	Phone (home) :	Email:

THEATER HISTORY

Number of years in existence : <input type="checkbox"/> 0-1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10 + years				
Types of Productions (please check all that apply) : <input type="checkbox"/> Musicals <input type="checkbox"/> Plays <input type="checkbox"/> Children's Theater <input type="checkbox"/> Musical Reviews <input type="checkbox"/> Original Plays <input type="checkbox"/> Original Musicals <input type="checkbox"/> Youth Shows				
Average Number of Productions Per Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> > 10				

Please Discuss why are your theater company is interested in joining NJACT

NJACT Use Only Approved for Membership Yes_____ No_____

Theater Entered into Website _____(date)