



MEMBERSHIP APPLICATION

(Please Print)

FOR CALENDAR YEAR _____

Name: _____

Title: _____

Business/Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

E-mail: _____ WebSite _____

Select Membership Category (circle one)

CORPORATE (Property Owner or Corporation) \$100/year

ASSOCIATE: (Retail, Commercial, Not-For-Profit) \$50/year

INDIVIDUAL: (District Residents or Anyone, Anywhere!) \$20/year

Amount Enclosed \$ _____

Please mail this completed application
and make check payable to:

**Theatre District Association
PO Box 504 Ellicott Station
Buffalo, NY 14205-0504**

Thank you for your interest in Theatre District Association of Western New York, Inc.