



Membership Application: **PLEASE MAIL THIS FORM AND YOUR PAYMENT TO:** IMTAL Membership, c/o Museum of Science and Industry, 5700 South Lakeshore Dr., Chicago, IL 60637 ATTN: Heather Barnes
PLEASE MAKE CHECKS PAYABLE TO: International Museum Theatre Alliance

Please check your membership category:

\$ 110 Business/Institution (Please list two contact individuals)

\$ 55 Individual

\$ 35 Student (copy of valid student ID required)

Please print your name (Business/Institution members may list two names)

Your institution (or school/university if a student)

Your job title(s) (if any)

Mailing Address (Street, City, State)

Postal Code and Country or Province

Please print the e-mail, phone, and fax number(s) you want to use for IMTAL correspondence

Current projects (if any)

How did you hear about IMTAL?

I would like to be included in the IMTAL member directory: Yes No

Please sign me up for the IMTAL list serve: Yes No

This is a: New Membership Membership Renewal (Member number, if known: _____)