



## AATE Individual Membership Form (for CETA Members only)

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Other Email Address (not affiliated with work or school): \_\_\_\_\_

### Membership Type and Dues:

- Individual Membership \$115.00\*  
 Student \$60.00\*  
 Retired \$70.00

*\*Renewing individuals with current memberships and students enrolled in departments with AATE University memberships are eligible for discounted rates.*

### Areas of Interest (select up to 3)

- Pre-K - 8th Grade  
 High School  
 College/University/Research  
 New Guard  
 Youth Theatre  
 Professional Theatre  
 International  
 Applied Theatre (formerly TIE)  
 Playwriting  
 Professional Development  
 Museum Theatre

Other Areas of Interest: \_\_\_\_\_

### PAYMENT INFORMATION:

Membership Dues: \$ \_\_\_\_\_

(add \$30 for outside US and Canada):

\$ \_\_\_\_\_

Tax-deductible donation of: \$ \_\_\_\_\_

Discount: 10%

Discount Code: AFCA09

Total Amount Enclosed: \$ \_\_\_\_\_

I am paying by:

Check  Mastercard  Visa

# \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Vin code: \_\_\_\_\_ (back of card next to signature)

I am interested in Leadership Opportunities within AATE

Please briefly describe your work:

Why have you joined AATE?

How did you hear about AATE?

*Please return this completed form with payment to the AATE Office at the address below, or if paying by Visa or Mastercard, you can email it to [info@aate.com](mailto:info@aate.com), or fax it to 240-235-7108  
7979 Old Georgetown Road, 10<sup>th</sup> Floor, Bethesda, MD 20814.*