

Membership Application Form

Please print all information.

Name: _____

School/Organization/Business: _____

School/O/B Address: _____

School/O/B City: _____ Zip: _____

School/O/B Phone: () _____ Ex: _____

School/O/B Fax: () _____

School/O/B E-mail: _____

Home Address: _____

Home City: _____ Zip: _____

Home Phone: () _____

Home Fax: () _____

Home/personal E-mail: _____

Please make your check out to CETA and mail to: Gai Jones 1410 White Oak Circle Ojai, CA 93023	
Please check below the category which is appropriate for you.	
<input type="checkbox"/> Individual.....	\$75.00
<input type="checkbox"/> Emeritus.....	\$25.00
<input type="checkbox"/> Student (currently enrolled in a college/university)	\$25.00
	Total \$ _____

Personal Contribution Tax Deductible Donation \$ _____

Please designate to which scholarship you wish to donate.

- CETA Charlotte Motter Theatre Education Scholarship for CETA NO/SO high school student
- California Youth in Theatre
- Mario Lomeli Scholarship for CETA South high school student
- Vivian Bish Edwards Scholarship for CETA South high school student for studying in theatre education

Grand Total \$ _____

Please check below the area of interest that is appropriate for you:

- Higher Education
- Middle School
- CommunityTheatre
- Emeritus

Business/Professional

- High School
- Elementary School
- Individual
- Student