

PRESETT

safe educational school theatres

Membership Application Form

INDIVIDUAL

Name:

Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Website:

SCHOOL/COMPANY

School/Company:

Address:

Position:

City:

State:

ZIP Code:

Phone:

E-mail:

Fax:

MEMBER INFORMATION

May PRESETT share your information with other members? (Check one.)

YES

NO

We do not sell our members personal information to other third party companies.

MEMBERSHIP LEVEL – Check One (see PRESETT.org for level information)

School Theatre Employee - \$100/yr

Industry Professional - \$200/yr/company

Associate - \$70/yr

Student - \$30/yr

PAYMENT INFO

Check One: Check Enclosed Credit Card

Name on Credit Card:

Card No.:

Expiration Date:

3 Digit Code:

ZIP Code:

Signature:

RETURN COMPLETED APPLICATION

Mail Application To:

Complete and Email to:

Phone:

PRESETT
19535 NE 188th St.
Woodinville, WA 98077

info@PRESETT.org

206-920-5437

SIGNATURE

Please keep a copy of this application for your records.

Signature:

Date: