



2024-2025 Membership Form

I am a new member I am a current member

*Name *My Pronouns are:
(i.e. he/him, she/her, they/them)

My INFORMATION has not changed *(For current members only*)*

*Cell No. Home No. ***REQUIRED**

*Address *City , AB *PC

*Email *Subscribe to Newsletter YES NO

*Age Group Under 18 18 - 25 26 - 45 46 - 64 65+

My INTERESTS have not changed *(For current members only*)*

YOUR INTERESTS: *(please check all that apply)*
(Experience is an asset for positions indicated in RED)

LIVE THEATRE:

- | | | | | | |
|------------------------------------|---|---|--|---|--|
| TECHNICIANS | CREW | COORDINATOR/ASSISTANT | DESIGNER | LEAD ROLES | ADDITIONAL |
| <input type="checkbox"/> Light | <input type="checkbox"/> Set Painting | <input type="checkbox"/> Assist. Stage Manager | <input type="checkbox"/> Lights | <input type="checkbox"/> Director | <input type="checkbox"/> Social Convener |
| <input type="checkbox"/> Sound | <input type="checkbox"/> Props volunteer | <input type="checkbox"/> Assist. Director | <input type="checkbox"/> Set | <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Load in/out |
| <input type="checkbox"/> Backstage | <input type="checkbox"/> Set Decorator | <input type="checkbox"/> Assist. Producer | <input type="checkbox"/> Sound | <input type="checkbox"/> Head of Props | <input type="checkbox"/> Hair/Makeup |
| | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Costume Assistant | | <input type="checkbox"/> Actor | <input type="checkbox"/> Head of Construction |
| | | | | | <input type="checkbox"/> Head of Paint |
| | | | | | <input type="checkbox"/> Head of Costumes |

OTHER: Musician (instrument(s):
 Other Talent(s):

MEMORIAL CENTRE:

- Usher/Ticket Taker
- Merchandise Seller
- Concession/Bar

DINNER THEATRE:

- FOH Coordinator
- Usher/Ticket Taker
- 50/50 Ticket Seller

GOVERNANCE:

- Board of Directors
- Artistic Planning Committee

I would be happy to train in the area(s) of:

I consent to the use of my photo and/or voice recording and any mention of my name by Central Alberta Theatre for promotional, live performance and/or archival purposes:
 YES NO

YOUR PRIVACY *The personal information on this form is being collected by Central Alberta Theatre, and will be safeguarded. Your information WILL NOT BE SHARED with any other organization and will be solely for the purpose of C.A.T. volunteer assignments, contact list, schedules and recognition.*

SIGNATURE REQUIRED FOR CONSENT

_____ DATE _____
MEMBER SIGNATURE

_____ DATE _____
PARENT/GUARDIAN SIGNATURE *(for members under 18)*

*Signing and submitting this form is the first step in your CAT membership. In order to take on a volunteer membership with us, you'll also need to read our **policies and procedures** (or the portions outlined in your Volunteer Handbook) and certify that you agree to abide by them, as well as your volunteer position description.*