

ASSOCIATION FOR JEWISH THEATRE MEMBERSHIP FORM
Please return with payment as soon as possible to:

David Chack
1738 Harvard Drive
Louisville, KY. 40205

Date _____

NAME _____

THEATRE NAME (IF APPLICABLE) _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ COUNTRY _____

PHONE _____ FAX _____

E-MAIL _____

WEBSITE _____

CHECK ALL APPLICABLE:

Playwright _____ Director _____ Artistic Director/Producer _____ Board Member _____

Solo Performer _____ (any stage name _____)

Academic/Scholar _____ (write name of institution or independent _____)

Other _____

ANNUAL DUES

_____ \$ 90 Individuals

_____ \$ 165 Large Theatres (annual budget \$100,000+ US \$)

_____ \$ 135 US – Mid-Size Theatres (annual budget \$50,000+ US \$)

_____ \$ 90 US – Small Theatres (annual budget under \$50,000 US \$)

REQUESTED OPTIONAL DONATION

_____ \$ 25 US -- Supporting All About Jewish Theatre – a website promoting Jewish theatre internationally.

TOTAL INCLUDED: _____

DUES CHECKS MUST BE MADE PAYABLE TO The Association for Jewish Theatre

Questions? Email Edward Einhorn at theaterofideas@gmail.com

THANK YOU!