

Plug Into the Network
Black Theatre Network Membership Form

Name of individual or organization _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ alternate () _____

Institution affiliation _____ e-mail _____

Individual-\$75 Student-\$35 Retired-\$35 Organization-\$110

FOR BTN OFFICE USE ONLY

Date _____

Recipient: _____	Amt. Rcvd: _____
Payment Method: <input type="radio"/> Cash <input type="radio"/> Money Order <input type="radio"/> Check# _____	
<input type="radio"/> Credit Card# _____	Exp. _____ <input type="radio"/> VISA <input type="radio"/> MC
Signature of Officer: _____	

Mail completed Membership form along with check or money order to
Dr. La Tanya Reese
2609 Douglass Road, SE
Washington, DC 20020-6540
BTN Website: www.blacktheatrenetwork.org