



Theatre Arts Guild, Inc.

TAG Membership On-Line Application/Renewal

For TAG Use Only	
Postmark	_____
Check #	_____
Amount	_____
Batch	_____
RSP	DB

Our Purpose is to advance and promote the Live Theatre art form in the metropolitan Omaha, NE area.
Our Vision is to be the leading advocate of Live Theatre in the metropolitan Omaha, NE community.
Our Mission is to raise awareness of and participation in Live Theatre in the metropolitan Omaha, NE community through:

PROFESSIONAL AND EDUCATIONAL DEVELOPMENT,
 RECOGNITION OF CONTRIBUTIONS TO THE ART FORM, and
 COMMUNICATION TO THE THEATRICAL COMMUNITY AND THE COMMUNITY AT LARGE.

New Members: Please complete entire application
Renewing Members: Complete only your name and any information that has changed.

Member Information

Name: _____
Organization name, if organization membership

Mailing Address: _____

City, State, ZIP: _____

Email Address: _____

Home Phone: () _____ **Cell Phone:** () _____ **Work Phone** (optional and not for roster): () _____

School (if student): _____ **Birth Year** (optional and not for roster): _____

Please **EXCLUDE** this from the annual roster for me:

- Name Address Home Phone Cell Phone Email Address

Membership Type Desired:

Membership Type and Annual Dues – Select One.

	1 Year	2 Years
Regular (single)	\$24 <input type="checkbox"/>	\$40 <input type="checkbox"/>
Student or Senior	\$18 <input type="checkbox"/>	\$30 <input type="checkbox"/>
Family* (first 2 members)	\$35 <input type="checkbox"/>	\$60 <input type="checkbox"/>
+ for each additional family member	\$10	\$20
Organization*	\$35 <input type="checkbox"/>	\$60 <input type="checkbox"/>

Organizations are limited to 2 representatives, both included in cost of membership.

*Complete 2nd page for Organization Representatives and additional Family Members.

Dues Amount: _____

Donation for General Operations: _____

Donation for Scholarship: _____

Donation for Advertising: _____

Donation for Endowment Fund: _____

Total Amount: \$0.00

If paying by check, please complete both pages of this form as applicable and mail it with your check (payable to TAG) to:

Membership Chairman
% Theatre Arts Guild
P.O. Box 24008
Omaha, NE 68124-0008

Questions? email membership@TheatreArtsGuild.com

Applicant's Skills and Interests Information (Optional)

Name: _____ (If the membership is for an Organization, don't use this box)

Skills/Interests: Please select a skill/interest code for each area you are currently interested in working. Codes are:

I = Interested in learning; D = Developing, have done at least once; E = Experienced, have done 3+ times; S = Skilled, done 5+times.

___ Playwright	___ Lighting Design	___ Dancer	___ Photographer
___ Director	___ Light Crew	___ Accompanist	___ Web Site
___ Music Director	___ Properties/Set Dressing	___ Musical Instrument(s):	___ Other: _____
___ Choreographer	___ Sound Design	___ _____	___ _____
___ Costume Designer	___ Sound Crew	___ _____	___ _____
___ Dresser	___ Backstage Crew	___ _____	___ _____
___ Stage Manager	___ Actor	___ Publicity	___ _____
___ Set Design	___ Singer – Range: _____	___ Producer/Administrator	___ _____
___ Set Construction		___ Videographer	___ _____

TAG Committee Interests (check as many as you like):

Awards (Recognitions)
 Theatre Services
 Newsletter
 Scholarship
 Membership
 TAG Night Out (Social Events)
 Programs (Educational Events)
 Other Volunteer Interest: _____

Use the areas below for Organization Reps or additional Family Members.

Name: _____ **Email:** _____

Mailing Address: _____ **City/St/ZIP:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____ (Optional) **Birth Year:** _____

Exclude from annual roster:
 Name
 Address
 Home Phone
 Cell Phone
 Email

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___ Dresser	___ Backstage Crew	___ _____	___ _____
___ Stage Manager	___ Actor	___ Publicity	___ _____
___ Set Design	___ Singer – Range: _____	___ Producer/Administrator	___ _____
___ Set Construction		___ Videographer	___ _____

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Mailing Address: _____ **City/St/ZIP:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____ (Optional) **Birth Year:** _____

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