



## FCT Membership 2021

**Member #1** Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Member #2** Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

CHQ Address \_\_\_\_\_

CHQ PO BOX# \_\_\_\_\_

Do you plan to be on the grounds in 2021? \_\_\_\_\_

Weeks at CHQ: \_\_\_\_\_

Are you interested in participating in volunteer activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Permanent Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# of Memberships \_\_\_\_\_ @ \$10 each = \$ \_\_\_\_\_

Additional contribution to help support CTC's work this year and  
in the future. \$ \_\_\_\_\_

Total Enclosed. \$ \_\_\_\_\_

Please make checks payable to "Friends of Chautauqua Theater" enclose this form and mail to:  
FCT  
PO Box 1083  
Chautauqua, NY 14722