



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