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(905) 871-3520

You can hand this form to any *GLT* volunteer at the theatre, mail it in,
or submit it on our website: www.garrisonlittletheatre.com

MEMBERSHIP FORM

Name _____

Address _____

Home phone _____

Cell phone _____

Work phone _____

E-mail address _____

How did you hear about *GLT*? _____

What would you like to participate in?

(props, acting, lighting, etc)

Do you have any previous experience? Where?

(no experience is required to join)
