

**Elkin Theatre Association
Membership Form**

Name: _____

Address: _____

Dues: **\$120.00 per year payable by check or bank draft**

_____ **\$120 yearly** _____ **\$10 monthly**

_____ **check enclosed** _____ **bank draft**

Name of Bank: _____

(this must be one of the 3 local banks)

Account Number: _____

I hereby authorize Aberdeen Elkin Theatre, Inc. to charge this account for the amount indicated above. This agreement may be cancelled at any time by written request.

(Signature)

(Date)

Return to:

Greg Miller

Aberdeen Elkin Theatre, Inc.

P.O. Box 623

Aberdeen, MS 39730

662-369-6414

(or for further information call 662-369-4412 or 369-5372)

A 501 (c)(3) Organization

Taxpayer ID 64-0715555