Elkin Theatre Association

Membership Form

Name:

_____

Address:

_____

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

$120 yearly _____

_____ check enclosed _____ bank draft

Name of Bank: _____

(must be local Aberdeen bank)

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.

_____

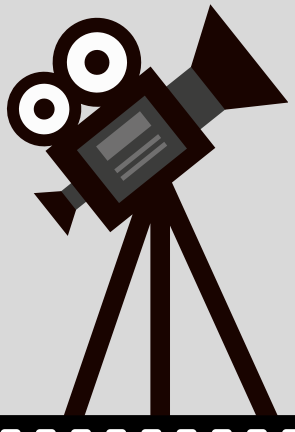
Signature Date

Return to: Greg Miller Aberdeen Elkin Theatre, Inc.

P.O. Box 623 Aberdeen, MS 39730 A 501 (c)(3) Organization

662-369-6414 Taxpayer ID 64-0715555

(for further information call 662-369-9440)



Thank You For Your Support