



# THEATRE NEW MEXICO

For Fiscal Operating Years 2016-2018

THEATRE NAME \_\_\_\_\_

NAME & TITLE OF REPRESENTATIVE \_\_\_\_\_

*Please list **one person only** – this representative shall be the official contact for events and matters concerning TNM business affairs. Theatre Companies who desire to participate in each New Mexico State Festival leading to AACTFest competitions must be an organizational member of Theatre New Mexico. The representative is not precluded from additional fees associated with individual and conference membership.*

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ALTERNATE PHONE \_\_\_\_\_ FAX \_\_\_\_\_

WEBSITE LOCATION \_\_\_\_\_

*The following fees are included with this mailing:*

TNM Organization Membership Fee (per Year) \$ 80.00

Additional donations to TNM your organization might like to make \_\_\_\_\_

**TOTAL AMOUNT PAID** \$ \_\_\_\_\_

Please fill out this form and return it with your check (Payable to TNM) to:  
Eric Bjorklund, 1493 43rd Street, Los Alamos, NM 87544

*Should you wish to pay your fees with a Credit Card, please supply the following information:*

Card Type:      *MasterCard*      *Visa*      *Discover*      *American Express*

Exp. Date \_\_\_\_\_ Card # \_\_\_\_\_ Code # (back) \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Signature to authorize charges \_\_\_\_\_