



## ACT-CO Membership Form 2024-2025

<b>A</b>	<b>Public Information</b> <i>(This information may be listed on the ACT-CO website and would be available to the public)</i>		
1.	<b>Group Legal Name</b>		
2.	<b>Group Operating Name</b>		
3.	<b>Group Mailing Address</b> <i>(complete)</i>		
4.	<b>Address of rehearsal venue</b> <i>(complete)</i>		
5.	<b>Address of performance venue</b> <i>(complete)</i>		
6.	<b>Group Website</b>		
7.	<b>Box Office Phone-#</b>		
<b>B</b>	<b>Private Information</b> <i>(This information is securely retained for ACT-CO purposes only)</i>		
1.	<b>Approx. day of your group's regular Board meetings</b> <i>e.g., first Monday or 3<sup>rd</sup> Tuesday, etc.</i>		
2.	<b>Month of group AGM</b>		
3.	<b>Organization Structure</b>	<input type="checkbox"/>	<b>Registered Charity</b>
		<input type="checkbox"/>	<b>Registered not-for-profit organization</b>
		<input type="checkbox"/>	<b>Other</b> <i>(please specify)</i>
4.	<b>Does your group operate a youth program?</b>	<input type="checkbox"/>	<b>Yes</b>
		<input type="checkbox"/>	<b>No</b>
<b>C</b>	<b>Group Contact Information</b> <i>(Please provide 3 contacts from your group who will be the recipients of ACT-CO communications.)</i>		
1.	<b>Name</b>		<b>Role</b>
	<b>Phone-#</b>		<b>Email</b>
2.	<b>Name</b>		<b>Role</b>
	<b>Phone-#</b>		<b>Email</b>
3.	<b>Name</b>		<b>Role</b>
	<b>Phone-#</b>		<b>Email</b>
<b>D</b>	<b>ACT-CO Liaison</b> <i>(The liaison will forward ACT-CO communications to the group's membership.)</i>		
4.	<b>Name</b>		<b>Role</b>
	<b>Phone-#</b>		<b>Group ACT-CO Liaison</b>

<b>Fee: \$100</b>	<b>Payment must be received by August 30<sup>th</sup> to be entered into a draw for free membership.</b>
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ACT-CO Membership may be paid by e-transfer to [treasurer@actco.ca](mailto:treasurer@actco.ca)  
or by mail to ACT-CO, 44 Attridge Drive, Aurora, ON L4G 6J3