



# Thespian Troupe Charter & Membership Roll Order Form

Member Information		
<input type="text"/>	<input type="text"/>	
Member ID/Troupe Number	Troupe Director	
<input type="text"/>		
Purchase Order Number (official school document must be included)		
<input type="text"/>		
School Name		
<input type="text"/>		
Street Address (no PO boxes)		
<input type="text"/>		
City		
<input type="text"/>	<input type="text"/>	<input type="text"/>
State/Province	Zip/Postal Code	Country
<input type="text"/>	<input type="text"/>	
Daytime Phone	Best Time to Call	
<input type="text"/>	<input type="text"/>	
Fax	Daytime E-mail Address	

Shipping Information	
<b>Only complete if shipping address is different from member address</b>	
<input type="text"/>	
Name	
<input type="text"/>	
Street address (no PO boxes)	
<input type="text"/>	
City	
<input type="text"/>	<input type="text"/>
State/Province	Zip/Postal Code
<input type="text"/>	
Country	
<input type="text"/>	

**ORDER NEEDED BY**

Item Number	QTY	Description	Color	Price Each	Total
		Membership Roll		\$6 50	
		Charter Certificate		\$6 50	

<input checked="" type="checkbox"/>	<input type="text"/>
Troupe director's signature (required for orders containing "troupe only" items)	

**Mail to:** Educational Theatre Association  
PO Box 7410260, Chicago, IL 60674-0260

**Fax all documents to:** 513.421.7055  
Please do not confirm fax orders by mail.

**Payment**

**Note:** Purchase order and credit card payments will be adjusted to reflect correct fees as needed unless we are instructed NOT to do so below. If adjustments are NOT authorized, processing will be delayed until complete payment is received.

- Check or money order enclosed (must be in U.S. funds, drawn on a U.S. bank).
- Purchase order document enclosed (P.O. number will not suffice).  
Balance due (P.O. orders) for awards, trophies and plaques are involved separately.
  - Do NOT adjust P.O. amount.
- Credit Card:  Visa  MasterCard  American Express
  - Do NOT adjust credit card amount

<input type="text"/>
Name on Card
<input type="text"/>
Credit Card Billing Street Address
<input type="text"/>
Account Number

Merchandise Total	
<b>REQUIRED ON ALL ORDERS SHIPPING &amp; HANDLING 2-3 WEEKS DELIVERY</b>	
<b>Order Total</b>	<b>S&amp;H</b>
\$0-\$19.99	\$6.00
\$20.00-\$49.99	\$10.00
\$50.00-\$99.99	\$12.00
\$100.00-\$149.99	\$14.00
\$150.00 & over	\$16.00
<b>RUSH SERVICE DELIVERY IS NOT AVAILABLE AT THIS TIME</b>	
<b>TOTAL ENCLOSED</b>	
<b>Sales tax exempt?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Questions:** Call us at 513.421.3900.

<input checked="" type="checkbox"/>	<input type="text"/>
Cardholder's Signature	
<input type="text"/>	<input type="text"/>
State/Province	Zip/Postal Code
<input type="text"/>	<input type="text"/>
Country	
<input type="text"/>	<input type="text"/>
Expiration Date	CID/Card code (Amex 4-digits; others 3)