



ALABAMA CONFERENCE OF THEATRE MEMBERSHIP APPLICATION

Complete and Mail:
PO Box 361945
Birmingham, AL 35236
or info@altheatre.org

APPLICANT INFORMATION

MEMBERSHIP TYPE

Organization/School Member *(includes one delegate)*

Organization/School:		
Delegate Last Name:		
Delegate First Name:		
Delegate Title:		
Work Phone:	Cell Phone:	Other:
E-mail:		
Address:		
City:	State:	Zip:

Individual Member

Last Name:		
First Name:		
Home Phone#:	Cell Phone#:	Work Phone#:
E-mail:		
Address:		
City:	State:	Zip:

Parent/Guardian *(required if member is under 18)*

Last Name:		
First Name:		
Home Phone#:	Cell Phone#:	Work Phone#:
E-mail:		
Address:		
City:	State:	Zip:

Waiver & Release of Liability, Permissions

_____ I CONSENT TO MEDICAL TREATMENT. The undersigned hereby gives permission and consent to the Organizers to provide emergency medical treatment to the Delegate in the event that an illness or injury requiring medical treatment occurs while participating in ACT sponsored event. Should a major medical problem arise, the Organizers will attempt to notify the undersigned by telephone.

_____ I REFUSE MEDICAL TREATMENT. The undersigned hereby DOES NOT give permission or consent to the Organizers to provide emergency medical treatment to the Delegate in the event that an illness or injury requiring medical treatment occurs while participating in the ACT sponsored event.

_____ I. RELEASE The undersigned hereby releases and agrees to indemnify, save and hold harmless the Alabama Conference of Theatre and the hosting organization and all respective officers, employees, agents and representatives of the aforementioned entities (each an "Organizer" and collectively the "Organizers") from and against any and all claims, demands, causes of actions, losses, liabilities, judgments, damages, costs and expenses (including reasonable

Please check the box of the type for which you are applying

Membership is good for one year from the date of receipt.

ORGANIZATIONAL MEMBERSHIP Your organization must be an organizational member of ACT in order to participate in ACT events. The fee also covers membership and a festival attendance for one organizational delegate. If registering a group, you should place your delegate's registration form on top with the Organizational Membership marked.	\$75
ADULT MEMBER (18 years of age or more) <i>If attending SETC screening auditions, this fee is paid through SETC</i>) All participating faculty, adult actors and crew, etc. of your organization must be members of ACT to participate in an ACT event. This fee also applies to additional sponsors, faculty directors, professors, community theatre actors, designers or crew who are not students. Individual performers, playwrights, etc. that are not directly affiliated with an organization are welcome to join.	\$30
STUDENT MEMBERSHIP (Under 18) All participating students must be members of ACT to participate in an ACT event. This fee applies to auditionees, workshop participants, actors or crew, playwrights, etc. who are enrolled in an academic institution including public, private, homeschool, or virtual.	\$10 (\$5 for TFY)
<i>Please indicate your primary Division Affiliation</i>	
Community Theatre	<i>Check one</i>
High School	
Youth Theatre: Middle & Elementary	
Professional Company	
Professional Artist/Director/Playwright/Etc.	
College/University	
TOTAL SUBMITTED with this form	
Total Amount Paid through Event/ Festival Registration	

attorneys' fees) resulting from the Delegate listed above participating in an ACT sponsored event. The undersigned shall give each Organizer prompt written notice of any claim or facts or circumstances that might give rise to any claim for indemnification. The undersigned further agrees to be responsible for Delegate while traveling to and from ACT sponsored event including any expenses incurred by the Delegate, caused by the Delegate and/or any personal injuries which may occur to the Delegate.

PHOTO RELEASE: I acknowledge that during the course of participation in any Alabama Conference of Theatre (ACT) activities, ACT may take photographs, audio recordings and/or video recordings. I hereby grant ACT permission to use any and all such photographs or audio or video recordings of the participants for advertising, promotional or educational purposes. Such use may include publication in programs, advertising, posters, flyers, radio, television or on social media, and may be seen or heard by large numbers of individuals. I waive all rights to any financial remuneration of any such use.

_____ I ACCEPT _____ I DECLINE

Signature of Member:

_____ **Date:** _____

Signature of Member's Parent/Guardian:

_____ **Date:** _____