Desert Theatre League

Producing Member Application

Name of Production Compa	any:					
Mailing Address:						
City:				ite:	Zip Code:	
Phone Number:						
Fax Number:						
For purposes of coordinatin	ng the judging pr	ocess for your show	vs, please provide	the followi	ng information:	
Primary Contact:		Phone:	Ema	il:		
Please check the appropria	te box, below:					
Renewal Applicat	ion for Existing [OTL Producing Meml	bers	New Appli	ication to Join tl	ne DTL
Enclosed are annual dues in	n the amount of	\$75.00 for the	fisca	al year.		
As a Producing Member, o writing will be allowed to v forth below. Where applic basis, to allow individuals n	ote on DTL matt able, proxies sig	ers on behalf of the ned by one of the pe	Production Com ersons identified	pany. Such below may l	representatives be provided, on	s should be set
Production Company's Mer	nber Representa	atives: 1				
		_				
NOTE: At least one represer	ntative must be p					
Mail application with payn	P.O. B	t Theatre League ox 854 Springs, CA 92263				
Applicant Signature:				Date:		
Applicant's Title:				_		
		THIS SECTION FOR	DTL USE ONLY			
If this is a New Application	to Join the DTL,	this Applicant is:	Approved		Denied	
Date of Board Action:						
Method of Payment:	Cash	Check				
Name on Check:						