Desert Theatre League

Individual Member Application

Name of Individual Member:			
Mailing Address:			
City:			Zip Code:
Phone Number:	Email Address:		
Fax Number:	Website:		
Please check the appropriate box, be	low:		
Renewal Application for Existing DTL Individual Members		ers New /	Application to Join the DTL
Enclosed are annual dues in the amo	unt of \$25.00 for the	fiscal year	
As an Individual Member, once accept allowed to vote on DTL matters. Wh meeting basis, to allow individuals of Member.	ere applicable, proxies sign	ned by the Individual N	Member may be provided, on a per
Mail application with payment to:	Desert Theatre League P.O. Box 854 Palm Springs, CA 92263		
Applicant Signature:		Date	2:
	THIS SECTION FOR E	DTL USE ONLY	
If this is a New Application to Join the	e DTL, this Applicant is:	Approved	Denied
Date of Board Action:			
Method of Payment: Cash	Check		
Name on Check:			