



2020-2021 FATE MEMBERSHIP FORM

Name _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ County _____
School/Company _____ Work Phone _____
Address _____
City _____ State _____ Zip Code _____
E-Mail _____ Principal/Dean _____

MEMBERSHIP FEES

- **Individual @ \$50.00 each** \$ _____
- **Family Membership* @ \$75.00 (2 Members from same household)** \$ _____
- **College Student @ 20.00** \$ _____
- **Retired Membership @ \$25.00 each** \$ _____
- **Organization Membership* @ \$130.00 (3 Members)** \$ _____

*Attach all information for additional names

TOTAL ENCLOSED-- Checks are payable to FATE \$ _____

Florida Association for Theatre Education Federal ID #59-1990642

Purchase orders are NOT accepted. No refunds including "Acts of God". \$25.00 charge for returned checks.

Make checks payable to FATE. Return completed form and payment to:

Randall Delone Adksion, Interim Executive Director, 4006 N. Lynn Ave Tampa, FL, 33603