



FATE

**Florida Association
For Theatre Education**

2026-2027

FATE MEMBERSHIP FORM

Name _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ School District _____

School/Company _____ FL Thespian Troupe # (if applicable) _____

Work Address _____ City _____

State _____ Zip _____ Personal E-Mail _____

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 --\$ _____

Two ways to pay! Check or Square!

- *All Square transactions include a 3% service fee*

Invoice me at this email address _____

Mail checks payable to *Florida Association for Theatre Education* to:

FATE
Christa Whittaker
1313 Planted Pine Street
Oakland, FL 34787