



## Membership Form

### Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Year Graduated \_\_\_\_\_ School at NU \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

*Please include a business card if you'd like your company information included.*

### Profession Information

Primary Occupation \_\_\_\_\_

Secondary Occupation \_\_\_\_\_

Are you associated with any theatre companies, production companies, agencies, etc? Please list:

### Other Information

I am interested in volunteering (circle one)      Yes      No

If yes, how would you like to volunteer?

Serve on the board?      Yes      No

Head a committee?      Yes      No

Serve on a committee?      Yes      No

Help out at events?      Yes      No

Anything additional you'd like to tell us?

Permission to publish your information in our directory. Please check one.

\_\_\_\_\_ You have my permission to publish all my contact information.

\_\_\_\_\_ You have my permission to publish my contact information EXCEPT the following \_\_\_\_\_.

\_\_\_\_\_ Please do not publish any of my contact information.

**Yearly NUEA dues are \$20 for general membership and free new graduates.**

**Please make your check payable to NUEA, and mail it and this membership form to**

**NUEA  
c/o Nancy Feldman  
200 East 27<sup>th</sup> Street  
Apt. 7E  
New York, NY 10016**

**If you have any additional questions, feel free to contact Nancy at [membership@nuea.org](mailto:membership@nuea.org) or (917) 439-4471.**

**We look forward to seeing you!**