



MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

OCCUPATION: _____

EMAIL ADDRESS: _____

MEMBERSHIP TYPE: Marquis Premier

REFERRED BY: (If known, enter the person's Email Address) _____

CREDIT CARD TYPE: MC, VISA, AMEX, Discover, Diners Club

CREDIT CARD #: _____

EXP DATE: ____/____/____

AGE: 21-39, 40-50, 51-65, 65 & UP

MARITAL STATUS: Single, Married

PASSWORD:

ENTER PASSWORD AGAIN:

I agree to the terms and conditions outlined on the web site. (Must be checked for application to be approved)

Please send this application to Theater Extras, 75 South Broadway, White Plains, NY 10601 or fax it to 914-304-4083.