



## CMT Member Profile And Registration



First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birthday: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Day/Month/Year

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Performing Member: Yes \_\_\_\_\_ No \_\_\_\_\_ Member of Equity /ACTRA: YES \_\_\_\_ NO \_\_\_\_

If yes, vocal range (SATB): \_\_\_\_\_

Year Joined CMT: \_\_\_\_\_ First: Show: \_\_\_\_\_

Subsequent Shows: \_\_\_\_\_

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**I agree to have my photo and name used for the marketing and promotion of CMT including but not limited to Clarkson's website; websites affiliated with Clarkson such as MTM and Meadowvale Theatre; in the program; for marketing and press release purposes; front of house display. I hereby allow CMT's future use of my photograph and name. I agree to comply with CMT's Operating Guidelines, Code of Conduct and Policies available at CMT's website. ([www.clarksonmusictheatre.com](http://www.clarksonmusictheatre.com))**

\_\_\_\_\_ (Signature / Date)

**This information is gathered for the exclusive use of CMT and will not be shared with other parties without individual consent. The signer agrees to be contacted by CMT for purposes associated with CMT and may unsubscribe at any time. \_\_\_\_\_ (signature)**