

CQICTS

CENTRE QUÉBÉCOIS DE L'INSTITUT CANADIEN DES TECHNOLOGIES SCÉNOGRAPHIQUES

Serving the scenographic arts and technology professionals of Québec

MEMBERSHIP

I wish to become member of the CQICTS and I pledge to respect in all points its objectives.

IDENTIFICATION

LAST NAME: _____

FIRST NAME: _____

PROFESSION: _____

NAME OF INSTITUTION OR COMPANY:

Name of delegate: _____

Title: _____

ADDRESS AND PHONE NUMBERS

Address: _____

Phone 1: _____

Phone 2: _____

Fax: _____

Email: _____

Web site: _____

Language Preference:

French English

Membership categories and annual fees

Student 35 \$

Student ID # _____

Individual (Basic level) 95 \$

Professional (Higher level) 170 \$

Organization (Non for profit) 195 \$

Sustaining (For profit) 425 \$

Contributing (Higher level) 925 \$

CALLBOARD included with membership

YES! Please activate my callboard account

I would like to receive a proof of payment

I accept that the information given above and on the back of this application form be published in the printed and electronic versions of the member directory

Signature: _____ Date: _____

Please fill this form and return it with your payment (check made out in the name of the CQICTS) to following address:

CQICTS
P.O. Box 85041
345, boul. Laurier
Mont Saint-Hilaire, QC J3H 5W1

PLEASE MARK ALL INTERESTED FIELDS:

- | | |
|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Design |
| <input type="checkbox"/> Education | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Make-up |
| <input type="checkbox"/> General Management | <input type="checkbox"/> On-deck |
| <input type="checkbox"/> Production Management | <input type="checkbox"/> Props |
| <input type="checkbox"/> Stage Management | <input type="checkbox"/> Projections |
| <input type="checkbox"/> Technical Direction | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Wardrobe | <input type="checkbox"/> Video |

Other (Please specify) : _____
