



**International  
Thespian  
Society®**

## Thespian Troupe Charter & Membership Roll Order Form

### Member Information

<input type="text"/>	
Member ID/Troupe Number	Troupe Director
<input type="text"/>	
Purchase Order Number (official school document must be included)	
<input type="text"/>	
School Name	
<input type="text"/>	
Street Address (no PO boxes)	
<input type="text"/>	
City	
<input type="text"/>	<input type="text"/>
State/Province	Zip/Postal Code
<input type="text"/>	<input type="text"/>
Daytime Phone	Best Time to Call
<input type="text"/>	<input type="text"/>
Fax	Daytime E-mail Address
<input type="text"/>	<input type="text"/>

### Shipping Information

Only complete if shipping address is different from member address

<input type="text"/>	
Name	
<input type="text"/>	
Street address (no PO boxes)	
<input type="text"/>	
City	
<input type="text"/>	<input type="text"/>
State/Province	Zip/Postal Code
<input type="text"/>	<input type="text"/>
Country	
<input type="text"/>	

### ORDER NEEDED BY

Item Number	QTY	Description	Color	Price Each	Total
		Membership Roll		\$6 50	
		Charter Certificate		\$6 50	

X

Troupe director's signature (required for orders containing "troupe only" items)

**Mail to:** Educational Theatre Association  
PO Box 7410260, Chicago, IL 60674-0260

**Fax all documents to:** 513.421.7055  
Please do not confirm fax orders by mail.

### Payment

**Note:** Purchase order and credit card payments will be adjusted to reflect correct fees as needed unless we are instructed NOT to do so below. If adjustments are NOT authorized, processing will be delayed until complete payment is received.

- ☐ Check or money order enclosed (must be in U.S. funds, drawn on a U.S. bank).
- ☐ Purchase order document enclosed (P.O. number will not suffice).  
Balance due (P.O. orders) for awards, trophies and plaques are involved separately.
- ☐ Do NOT adjust P.O. amount.
- ☐ Credit Card: ☐ Visa ☐ MasterCard ☐ American Express
- ☐ Do NOT adjust credit card amount

<input type="text"/>
Name on Card
<input type="text"/>
Credit Card Billing Street Address
<input type="text"/>
Account Number

### Merchandise Total

### REQUIRED ON ALL ORDERS SHIPPING & HANDLING 2-3 WEEKS DELIVERY

Order Total	S&H
\$0-\$19.99	\$6.00
\$20.00-\$49.99	\$10.00
\$50.00-\$99.99	\$12.00
\$100.00-\$149.99	\$14.00
\$150.00 & over	\$16.00

### RUSH SERVICE DELIVERY IS NOT AVAILABLE AT THIS TIME

### TOTAL ENCLOSED

Sales tax exempt?

☐ Yes ☐ No

**Questions:** Call us at 513.421.3900.

X

Cardholder's Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
State/Province	Zip/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date	CID/Card code (Amex 4-digits; others 3)	