

ATCA Membership Application

Name _____

Home Address _____

City/State/ZIP _____

Home Phone _____

Primary publication or broadcast outlet _____

Type (e.g. daily paper, radio, magazine, TV, online) _____

Title or position (including freelance) _____

Address at the above _____

City/State/ZIP _____

Work Phone _____

Assigning Editor (name and title) _____

Other regular publications or broadcast outlets _____

Preferred contact address (please check):

office home e-mail _____

Brief outline of reviewing experience, including length of experience _____

Sponsoring ATCA member _____

Eight recent reviews are required with this application. Mail the completed form with \$45 (introductory rate for new members), payable to ATCA, and eight tearsheets, transcripts, tapes or printed web pages to:
Christopher Curcio, American Theatre Critics Association, P.O. Box 26945, Phoenix, AZ 85068

If you have no sponsor or have additional questions, please contact Christopher Curcio at 602-956-2310 or atca_admin@msn.com.

Signature _____ Date _____