## Illinois Communication and Theatre Association 2020 Departmental Membership Form

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Mail your check to	•		Oues	tions: illinois	cta@gmail.com
	tion and Theatre Association		Ques	uons. <u>mmois</u>	<u>Cta@gman.com</u>
Com	plete the following for each in	dividual who	will have mei	mbership an	nd attend convention:
Name:		Email	l:		
Home address: _		City,	State, Zip:		
Special Interest (	Group (check all that apply): K-12 Higher Education				
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