

ATCA Membership Application

Name _____

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 _____

If you have no sponsor or have additional questions, please contact ATCA's Operations Manager, Robert Sokol, directly by phone or email.

Please send your completed application along with a PDF file (or links to same) of eight recent reviews to:

Robert Sokol, ATCA Operations Manager
operations@americantheatrecritics.org
o: 415.964.8040 | f: 415.869.3700

Signature _____ Date _____