



Membership Application

Kansas Historic Theatres Association

The mission of the Kansas Historic Theatre Association is to identify and document historic theatres and conduct, support and spread the research about those theatres. It is our desire to increase the general public's awareness and appreciation of our historic Kansas theatres and the important role they play to the revitalization of our communities, both large and small.

Theatre Information (please print or type)

Name			Also Know As		
Status	Function/Programming			Year built	
Screens	Seats			Architect	
Style	Chain			Firm	

Organization Information (please print or type)

Name:					
Address			City		ZIP
Telephone			Fax		
Email			Website		

Membership Information

Members shall be those theatres built at least 50 years prior to their application for membership as movie theatres, vaudeville houses or opera houses or are qualified for recognition by the State of Kansas as historic buildings.

Associate members shall be non-qualifying theatres, former directors, service providers, vendors, or any person who supports the purposes of this organization.

Membership Dues Information

Members and associate members shall pay \$100 in annual dues to maintain active status in the organization. Member theatres and associate members will receive a dues notice by November 1st. Invoices will specify that dues are payable within 30 days of the invoice date.

Waiver of New Member Dues

First year theatre membership and associate membership dues shall be waived until the next corporate billing cycle.

Group Dues Discount

If more than one member theatre is owned and operated by a single entity, annual dues will be reduced to \$25 for the second and each additional member theatre owned by that entity.

Acknowledgement Information

Please accept this application for membership to the KHTA on behalf of:

First Theatre Name			\$100
Additional Theatre Names*			
*Please complete Theatre Information section for each additional theatre @ \$25 per additional theatre			
TOTAL			
Authorized Signature:	Contact #		
	Email		

Return form and an electron image of theatre(s)to:

KHTA HFYUgj fYf 105 N Washington, Wichita, KS 67202

khtafinance@gmail.com