



# 2018 Theatre Membership

## ANNUAL DUES - based on facility's total annual expenses

(For Nonprofits, see line #18 on most recent IRS 990; for orgs with multiple venues, use total of all venues' expenses.)

**NEW membership terms begin immediately. After 5/31/18, NEW memberships will be prorated to cover the remaining months of 2018 and the beginning months of 2019. Renewal payment for 2019 will be due one year from your initial start date and will be only for those months in 2019 not covered by the initial payment. Your 2020 membership term will align with our January – December renewal cycle.**

### Check appropriate level

### 2018 Dues.

- Level 1** Facilities with total annual expenses of \$5 million+ **\$1,250**
- Level 2** Facilities with total annual expenses of \$3 million-\$5 million **\$ 950**
- Level 3** Facilities with total annual expenses of \$1 million-\$3 million **\$ 625**
- Level 4** Facilities with total annual expenses of \$300,000-\$1 million **\$ 500**
- Level 5** Facilities with total annual expenses of less than \$300,000 **\$ 400**
- Level 6** Emerging projects – **facilities not operating** **\$ 325**

Please complete the following form and mail with check to:  
or Visa, M/C, AmEx & Discover accepted by email, fax or phone

**League of Historic American Theatres**  
**9 Newport Drive, Suite 200**  
**Forest Hill, MD 21050 USA**

Questions? [Tisha@LHAT.org](mailto:Tisha@LHAT.org) Tel.443.640.1058 x125

Email: [Tisha@LHAT.org](mailto:Tisha@LHAT.org) Fax.443.640.1031

### Your Contact Information

Primary Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

### How did you hear about LHAT?

- LHAT Website  LHAT Member (provide name below)
- Industry Trade Show/Conference (please name below)
- Other \_\_\_\_\_

**PAYMENT:**  Check  Visa  M/C  AmEx  Discover

Card# \_\_\_\_\_

Exp. \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder \_\_\_\_\_

Signature \_\_\_\_\_

(required unless emailed)

### Historic Theatre Facts

Theatre Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Current # Seats \_\_\_\_\_ Year Built \_\_\_\_\_ Year First Opened \_\_\_\_\_

Original Architect \_\_\_\_\_ Architectural Style \_\_\_\_\_

Annual Expense Operating Budget \_\_\_\_\_ Annual Facility Costs \_\_\_\_\_

**Market Population**  <50K  50K-300K  300K-500K

501,000-1M  1M -3M  3M-5M  5M-10M  10M+

**Staff** #Paid F/T \_\_\_\_\_ #Paid P/T \_\_\_\_\_ #Volunteers \_\_\_\_\_

**Open to Public?**  Yes  No  On a Limited Basis

**Sources of Operating Support**  Municipality  County

State  Federal  Corporations  Institutions

Individuals  Foundations  Educational  Endowment

**Capital Fundraising Goals**  <\$2M  \$2M-\$6M

\$6M-\$15M  \$15M-\$25M  \$25M+  n/a

**Rehab.**  Complete: Mo./yr. \_\_\_\_\_ Hard Costs \_\_\_\_\_

In progress: Start/Est. End date (mo/yr) \_\_\_\_\_ / \_\_\_\_\_  
Est. hard costs \_\_\_\_\_

Planned: Start Date/Est. End date (mo/yr) \_\_\_\_\_ / \_\_\_\_\_  
Est. hard costs \_\_\_\_\_

**Owner**  Nonprofit  For Profit  College/Univ.

Municipality:  Local/County/Town  City  State

**Operator**  Nonprofit  For Profit  College/Univ.

Municipality:  Local/County/Town  City  State

### Programming

Presenting Film  Presenting Live Performances

Producing Film  Producing Live Performances

Resident Co's  Rentals

**Total No. of Events/yr** \_\_\_\_\_ **No. of Use Days/yr.** \_\_\_\_\_

**Historical Designations**  Nat'l Register  State Register

Local Register  State Landmark  Local Landmark

In Registered Historic District  Threatened

**Theatre memberships provide benefits and access for as many staff and board members as you designate.**

**Email names+titles+emails of add'l contacts to**

[Tisha@LHAT.org](mailto:Tisha@LHAT.org)