

**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 \_\_\_\_\_