



# Individual membership *application form*



## Contact Information

Name of school/organisation

School/organisation website

www.

First name

Last name

Contact email

Telephone number

Fax number



## Postal address

Address line 1

Address line 2

Address line 3

Town/city

County/state

Country

Post/zip code



## Business office contact *(if applicable)*

First name

Last name

Contact email

Telephone number

Fax number



## School/organisation information

Region (please circle)  The Americas  Europe  Middle East  Africa  Asia  Australasia

Number of teachers in theatre department

What curriculum does your school follow? (please circle)  IB  American  British  Other

If other please specify

Does your school offer the IB DP Theatre course? (please circle) Yes  No



## Confirmation

*I confirm that we have read and understood ISTA's terms and conditions of membership*

Name

Signature

Date

