

Thank you for applying to be a member of the Syracuse Area Live Theatre (SALT) Academy.

This is what we require of our members:

* Computer skills (required for completion of ballots)
* Ability to avoid/minimize personal bias (friends/family/past relationships, etc. must not enter into voting decisions)
* Confidentiality is of supreme importance
* Commit to seeing at least 24 shows over the course of a season (September 1 – August 31)
* One term of two seasons

Please tell us about yourself:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which category best describes your interest in local live theater (Please check one):

\_\_\_\_\_ Active participants (performers or production staff) from local theater companies

\_\_\_\_\_ K-12 or College educator in Music or Theater

\_\_\_\_\_ A professional or regular participant in a local, non-theater performing arts organization (e.g. Symphoria, Syracuse Ballet)

\_\_\_\_\_ Avid theatergoer

Are you an Artistic Director, Board Member, Producer or paid employee of a theater company? If yes, please explain below.

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Have you previously been a member of the SALT Academy? If so, when?

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How many shows on average do you see per season?

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What is your favorite theater genre? Drama, Comedy, Shakespeare, Musical Theater, etc…Why?

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In no more than three sentences, please tell us why you would make a great SALT Academy member.

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**Thank you for completing this application. We’ll be in touch!**