

Reformation Theatre Group

Application For Membership

Instructions: Please kindly fill this form as explicitly as possible to enable us quickly process your membership application.

Name: _____

Date of birth: _____

Nationality: _____

Location: _____

Profession: _____

Why do you want to join RTG? _____

How can you be of help to our group? _____

Other information you want us to know: _____

Please post this form to us at the address below:

The Reformation Theatre Group
P.O Box 775, Limbe
South West Province
Cameroon