



Barre Opera House

BARRE OPERA HOUSE BUSINESS/ CORPORATE MEMBERSHIP FORM

Business/ Corporate Member Name:

CONTACT INFORMATION

Address: _____

(City): _____ (State): _____ (Zip): _____

Phone: _____ Fax: _____

Email: _____ URL: _____

Contact Person: _____ Title: _____

Direct Phone: _____ Email: _____

Signed: _____ Date (m/d/y/): _____

BUSINESS/ CORPORATE MEMBERSHIP Please indicate membership level(s):

- CORPORATE BANNER MEMBER \$2,000 + AMOUNT \$ _____
- BUSINESS BANNER MEMBER \$350 - \$1,999 AMOUNT \$ _____
- CELEBRATION SERIES SPONSOR \$1,500 - \$4,500 AMOUNT \$ _____
- C. S. PROGRAM BOOK AD \$200 - \$650 AMOUNT \$ _____
- CAPITAL ENDOWMENT (Please Specify): AMOUNT \$ _____

TOTAL 2008 MEMBERSHIP \$ _____

PAYMENT METHOD

CHECK/ CASH ENCLOSED Amount Enclosed \$ _____

OR

CREDIT CARD (please Indicate): MC or VISA Amount Enclosed \$ _____

Card No: _____ Expiration Date: _____

Card Holder Name (please print legibly): _____

Signed: _____ Date: _____

Please return completed form, with payment, to:
THE BARRE OPERA HOUSE
PO Box 583, Barre, VT 05641