



Barre Opera House

BARRE OPERA HOUSE INDIVIDUAL MEMBER INFORMATION FORM

Member Full Name(s):

CONTACT INFORMATION

Address: _____

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

Phone: _____ Cell (optional): _____

Home Phone: _____ Email: _____

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

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

- Member \$45 - \$74 AMOUNT \$ _____
- Stagecrew \$75 - \$124 AMOUNT \$ _____
- Chorus \$125 - \$249 AMOUNT \$ _____
- Supporting Cast \$250 - \$499 AMOUNT \$ _____
- Featured Player \$500 - \$999 AMOUNT \$ _____
- Star Performer \$1,000 + AMOUNT \$ _____
- Other 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