

Membership/Subscribership Form 2007-2008

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____

(evening): _____

E-mail: _____

Birthday (month and day): _____

I am a New Member / Renewing Member

Check your membership level:

- Regular \$35.00; 1 seat per show
- Student/Senior \$24.00; 1 seat per show
- Patron \$60.00; 1 reserved seat per show
- Angel \$100.00; 2 reserved seats per show
- Two Angels at the Same Address \$150; 4 reserved seats per show
- Lifetime \$1000.00; 4 reserved seats per show for life!

Enclosed is my check or money order for \$ _____

Enclosed is my additional contribution of \$ _____

Make checks payable to Springfield Community Theatre.
Mail this completed form and a check or money order to:

Springfield Community Theatre Membership
P.O. Box 202, Springfield, VA 22150-0202