MEMBERSHIP FORM

CONTACT INFORMATION		
FULL NAME:	EMAIL:	
MAILING ADDRESS:		
PHONE NUMBER:	NAME LISTING FOR	PRINTED PROGRAMS:
I WANT TO HEAR	ABOUT UPCOMING SHOWS VIA:	EMAIL MAIL
PAYMENT INFORMATION		
MEMBERSHIP LEVEL SELECTED		
SEASON MEMBERSHIP \$100	SEASON FAMILY MEMBERSHIP \$200	PATRON MEMBERSHIP \$35
DISCOUNTED SR./STUDENT MEMBERSHIP LEVEL SELECTED SENIOR DISCOUNT: 60 YEARS + STUDENT DISCOUNT: K-12 & COLLEGE STUDENTS		
SEASON DISCOUNTED M \$90	IEMBERSHIP FAMILY DISCOU	JNTED SEASON MEMBERSHIP \$180
	TOTAL	ENCLOSED:
PAYMENT METHOD CA	ASH CHECK VISA	MASTERCARD
CREDIT CARD NUMBER	EXPIRATION CODE	
	Mocalions	SIGNATURE
	Masquers Theater	