

2019 - 2020 SEASON

MEMBERSHIP APPLICATION

| Name | |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Address | City/State/Zip |
| Phone () – Email | (optional) |
| Please indicate membership level: | |
| SEASON MEMBERSHIPS | SUPPORTING MEMBERSHIPS |
| Single / \$60 | Single Benefactor / \$90 |
| ☐ Family / \$100 | Family Benefactor / \$150 |
| SPONSORSHIPS | Patron of the Arts / \$210 |
| Business Partner / \$500 + | Director's Circle / \$375 + |
| | atron of the Arts, and Director's Circle) entitle members to attend ily memberships include parents and children under 18. |
| | se White Memorial Student Concerts \$le and family memberships may qualify for a tax deduction. |
| Please mail this | application along with your check to |



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| Oracio | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
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| Address | City/State/Zip |
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| Please indicate membership level: | |
| SEASON MEMBERSHIPS | SUPPORTING MEMBERSHIPS |
| ☐ Single / \$60 | Single Benefactor / \$90 |
| Family / \$100 | Family Benefactor / \$150 |
| SPONSORSHIPS | Patron of the Arts / \$210 |
| Business Partner / \$500 + | Director's Circle / \$375 + |
| Supporting Memberships (Benefactor, Patron | of the Arts, and Director's Circle) entitle members to attend emberships include parents and children under 18. |
| Donation to the James and Ilse W | /hite Memorial Student Concerts \$ |

All contributions over the basic single and family memberships may qualify for a tax deduction.

Please mail this application along with your check to