

## Season Ticket/Supporting Membership Information Card

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_ Stage Hand Membership \$25

\_\_\_ Director Membership \$125

\_\_\_ Gold Benefactor \$500

\_\_\_ Choreographer Membership \$50

\_\_\_ Center Stage Membership \$150

\_\_\_ Platinum Benefactor \$1000

\_\_\_ Chorus Line Membership \$75

\_\_\_ Spotlight Membership \$250

\_\_\_ Other amount \$ \_\_\_\_\_

\_\_\_ Producer Membership \$100

I also wish to purchase the following season tickets:

\_\_\_ Adult Ticket \$30

\_\_\_ Senior Citizen Ticket \$27

\_\_\_ Student/Child Ticket \$12

*Return this card with payment to:*

*M-ACT*

*P.O. Box 1*

*Marysville, KS 66508*