

Season Ticket/Supporting Membership Information Card

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I wish to establish or renew my Supporting or Benefactor Membership at the following level:

- | | | |
|--|--|--|
| <input type="checkbox"/> Stage Hand Membership \$25 | <input type="checkbox"/> Director Membership \$125 | <input type="checkbox"/> Gold Benefactor \$500 |
| <input type="checkbox"/> Choreographer Membership \$50 | <input type="checkbox"/> Center Stage Membership \$150 | <input type="checkbox"/> Platinum Benefactor \$1,000 |
| <input type="checkbox"/> Chorus Line Membership \$75 | <input type="checkbox"/> Spotlight Membership \$250 | <input type="checkbox"/> Other Amount \$ _____ |
| <input type="checkbox"/> Producer Membership \$100 | | |

I also wish to purchase the following season tickets:

- Adult ticket \$25
 Senior ticket \$22
 Student/Child ticket \$12

Return this card with payment to:

M-ACT

P.O. Box 172

Marysville, KS 66508