

Date: _____

Greenwood Little Theatre Membership Request Form

For the 2011 – 2012 Performance Season
(Effective September 2011 through August 2012)
Please type or clearly print information.

Full Name: _____

Mailing Address: _____

Telephone:

Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

Level of Membership: (Please, mark your amount in each blank.)

_____ Gold Sponsor \$1000
(24 Season Tickets)

_____ Patron \$40
(1 Season Tickets)

_____ Silver Sponsor \$500
(12 Season Tickets)

_____ Regular \$30
(1 Season Ticket)

_____ Saint \$350
(8 Season Tickets)

_____ Student (18 Years and Younger) \$15
(1 Season Ticket)

_____ Angel \$150
(4 Season Tickets)

Please mail the completed form with your tax-deductable check to:

**Greenwood Little Theatre
P.O. Box 246
Greenwood, MS 38935-0246**

Contact Patrice Peacock at 392-0844 with questions.

For Administrative Use: (Cash) (Check # _____) (Other _____)

_____ Membership Card Made

_____ New Member _____ Renewal of Membership

_____ Name added to Labels

Method of Membership Application:

_____ Membership Card Given to Member

_____ Mail

_____ Name Added to Master List

_____ During Production of:
