

Capitol Center
Membership Order Form

First Name: _____ Last Name: _____ Email: _____

Required for online ticketing privileges

Address: _____ check if new Home Phone: _____

City: _____ State: _____ ZIP: _____ Work Phone: _____

How would you like to be listed in the Playbill: _____
Unless otherwise noted, you will be listed by first and last name.

Membership amount: _____

Ovation Society (\$5,000+ call for info)

Director (\$300 - \$499)

Executive Producer (\$2,500 - \$4,999)

Investor (\$200 - \$299)

Producer (\$1,000 - \$2,499)

Patron (\$75 - \$199)

Angel (\$500 - \$999)

Chorus (\$50 - \$74)

Payment type (check one):

Check enclosed Check # _____ Date: _____

VISA MasterCard American Express Discover

Card # _____

Expiration Date _____ / _____

Signature _____

Please note: Membership is for one year and will expire the last day of the month prior to the month you joined as a member.