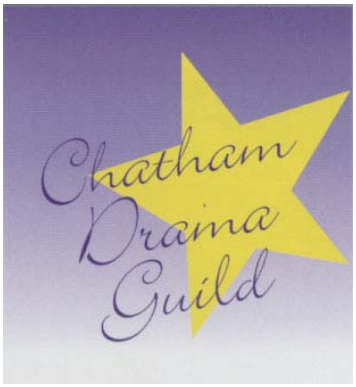

MEMBERSHIP FORM 2009-2010

___Yes! I/we want to become a member of the Chatham Drama Guild

Please print your name below as you wish it to appear in the Playbill.
___ Check here if you wish not to be listed.

Name:_____

Street:_____ PO Box_____

Town/City _____ State _____ Zip_____

Day phone( )_____ Evening ( )_____ Cellphone( )_____

MEMBERSHIP CATEGORIES

STUDENT ……$15
ACTIVE ……$35
SUPPORTING ……$75
SUSTAINING ……$150 + one free admission per season
BENEFACTOR ……$250 + twofree admissions per season
ANGEL ……$500 + three free admissions per season

___ Yes! We/I want to support the Chatham Drama Guild's "Future Fund"
Enclosed : check(s)in the amount of _____ _____
Membership Future Fund

Please sent this form with your check(s), payable to Chatham Drama Guild to:
Chatham Drama Guild, PO Box 92, Chatham, MA 02633
OR
Please change my ___ Master Card ___ Visa Card

Credit Card #:_____ Expiration Date _____

Cardholder's Name: _____

Signature:_____

THANK YOU FOR YOUR SUPPORT ! WELCOME TO THE CHATHAM DRAMA GUILD!