

OPERA GUILD

MEMBERSHIP FORM

Please print your name as it is to appear in the opera season program.

Must be received by June 12 for program listing.

Please check membership level:

- Archangel (\$1,000+) Angel (\$500-\$999)
- Benefactor (\$300-\$499) Sponsor (\$150-\$299)
- Member (\$50-\$149) Junior – 25 & under (\$10)



CONTACT INFORMATION:

Preferred email (required): _____

Preferred phone number: _____

Off-season Address:

Address _____

City _____ State _____ ZIP _____

Chautauqua or Local Area Address:

_____ (This is very important at Chautauqua)

PO Box _____

Street _____

City _____ State _____ ZIP _____

Send membership cards to: (please check)

- Chautauqua address Off-season address



PAYMENT OPTIONS:

Please make checks payable to Chautauqua Opera Guild and mail directly to:

Chautauqua Opera Guild Membership
PO Box 61, Chautauqua, NY 14722-0061

Card type: Visa MasterCard Amex *(no Discover cards, please)*

CC#: _____

Expiration: _____ / _____ Security code: _____

Amount to charge \$ _____

I (We) wish to participate in the Opera Company Connections Program this season

I (We) would like to volunteer this season

Please print form,
fill out and mail to:

Chautauqua Opera
Guild Membership
PO Box 61
Chautauqua, NY
14722-0061