



MEMBERSHIP ORDER FORM

850.231.3033

Name _____ Spouse _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

FOUNDER'S CIRCLE \$5,000 AND ABOVE

PATRON \$250 - \$499

PRODUCER \$2,500 - \$4,999

SPONSOR \$125 - \$249

DIRECTOR \$1,000 - \$2,499

FRIEND \$60 - \$124

BENEFACTOR \$500 - \$999

PAYMENT INFORMATION

Check made out to Seaside Repertory Theatre

Charge my _____ *VISA* _____ *MC* _____ *AMEX* _____ *Total* _____

Card Number _____ *Expiration Date* _____

Name on Card _____ *Signature on Card* _____

Check here if you wish to receive a 100% tax deductible contribution receipt in lieu of benefits.