

(Application for LTG Membership found on reverse side)

APPLICATION FOR MEMBERSHIP



www.lincolntheatreguild.com

Name _____

Address _____

City _____ State ____ Zip _____

Phone (Day) _____ (Eve) _____

Email Address _____

Lincoln Theatre Guild is a 501(c)3 not-for-profit corporation. Donations are partially/fully tax deductible subject to certain limitations. Please consult your tax advisor.

PLEASE CHOOSE ONE:

Individual Membership \$25 \$ _____ Family Membership \$50 \$ _____

LEVELS WITH SEASON TICKETS

Friend of the LTG \$65 (per person) \$ _____

Friends of the LTG \$120 (per 2 individuals) \$ _____

Families of the LTG \$175 (per 4 individuals) \$ _____

Total Amount Payable \$ _____

Please indicate performance preference date/location. (Please check only one option)

Denver* ___ Fri 8 p.m. ___ Sat 8 p.m. ___ Sun 2 p.m.

Lincolnton ___ Fri 8 p.m. ___ Sat 8 p.m. ___ Sun 2 p.m.

*Schedule may vary contingent on performance venue.

METHOD of PAYMENT

Enclosed is my check in the amount of \$ _____

Please charge my Mastercard/Visa for \$ _____

Name on Account _____

Account # _____ Exp. Date _____ Mastercard ___ VISA ___

Signature _____

Mail Form to: Lincoln Theatre Guild • Post Office Box 1343 • Lincolnton, NC 28093

Questions? Email membership@lincolntheatreguild.org or call 704.735.2281