



MEMBERSHIP APPLICATION

NAME _____

LAST

FIRST

SPOUSE NAME (If applicable)

Check one (If you wish it listed) MR MRS MR & MRS MS OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ FAX _____

E-MAIL ADDRESS _____ CELL _____

NEW RENEWAL PREVIEW GROUP _____ OR AT LARGE

INDIVIDUAL COUPLE

PATRON \$135.00 \$185.00

SUSTAINING \$ 75.00 \$110.00

SUPPORTING \$ 50.00 \$ 80.00

I WISH TO BE A MEMBER OF A SECOND PREVIEW GROUP NOTED BELOW

\$7.50 (additional) \$15.00 (additional)

SECOND PREVIEW GROUP _____

Please make checks payable to SEATTLE OPERA GUILD and send to:
Seattle Opera Guild • P.O. Box 9097 • Seattle, WA 98109

DOUBLE YOUR GIFT! Does your employer and/or your spouses employer match employee gifts? If so, please contact your employer to obtain the necessary company form and submit it to Seattle Opera Guild.

VOLUNTEERS ARE ALWAYS NEEDED! PLEASE INDICATE WHERE YOU CAN HELP WITH THE GUILD OR YOUR PREVIEW GROUP

- COMPUTER SKILLS
- CLERICAL
- EVENT COMMITTEE
- GIFT SHOP
- Access Excel
- Typing
- Flower Arranging
- RAFFLE COMMITTEE
- Word Processing
- Mailing
- Decorations
- EDUCATION
- Quick Books
- Archives
- TELEPHONE
- MEMBERSHIP
- Publisher
- TRANSPORTATION
- NEWSLETTER
- Other _____

OTHER _____ SPECIAL SKILLS _____