

MEMBERSHIP APPLICATION

LEWISTON CIVIC THEATRE

YES, I WILL SUPPORT THE LEWISTON CIVIC THEATRE!

Name: _____

Spouse's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Employer / Business: _____ Position / Title: _____

Contact Phone: _____ Email: _____

Personal or Business name as you wish it to appear: _____

MEMBERSHIP LEVELS

What membership level would you like?

Crew Member
(Recognition in Programs)

\$30

Understudy
(2 tickets)

\$50

Cast Member
(4 tickets)

\$150

Director
(8 tickets)

\$250

Producer
(10 tickets)

\$500

All membership levels receive:
Eligibility to **vote** for board members at our annual meeting and **recognition** in production playbills.

I/We have enclosed a gift of \$ _____

I/We pledge an additional \$ _____ balance to be paid (date) _____ or by May 30

I wish to be a DONOR (donations are tax deductible): _____

METHOD OF PAYMENT

Please select one: Credit card Contact US Cash Check

If using a credit card:

Visa Mastercard

Card No: _____

Expiration Date: _____ 3 Digit Code: _____

Signature: _____

Please make checks payable to Lewiston Civic Theatre.

If you have any questions, please call the Box Office at 208-746-3401 or e-mail lctboxoffice@gmail.com

LEWISTON CIVIC THEATRE
PO BOX 1697
Lewiston, ID 83501

DOUBLE YOUR GIFT!

Many companies support via matching gift programs. You can double or even triple your gift to the Lewiston Civic Theatre! Please contact your employer's Human Resources Office for details.

Yes, my employer is part of the Matching Gift Program.