



Brecksville Little Theatre

MEMBERSHIP

2009-2010 Season

Name _____

Address _____

City _____

State _____ **ZIP** _____ **Home Phone** _____

Alternate Phone _____

email _____

Active Member: *(includes 2 tickets with membership per year)*

\$7/Yr Individual \$ _____ **\$30/5 yrs Individual** \$ _____

\$10/Yr Family \$ _____ **\$40/5 yrs Family** \$ _____
(Family = husband, wife & children under 18 yrs)

Area of my (our) interest in theatre:

Patron Member:

Can't actively participate, but I wish to be a Patron Member:

Sustaining \$50-99 \$ _____ *(Includes one season subscription - \$60 value)*

Contributing \$100+ \$ _____ *(Includes two season subscriptions \$120 value)*

Total Amount Enclosed \$ _____

Make checks payable to Brecksville Little Theatre Membership

Mail to: Membership, Brecksville Little Theatre, P.O.Box 41131, Brecksville OH 44141
