

STC Membership Application Form:

YES! I would like to be a member of the Sacramento Theatre Company. I want to play a part in helping STC entertain, educate, inspire and enrich the community through the magic of live theater. Please enroll me at the level indicated below.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

<u>Membership Level</u>	<u>Contribution Range</u>	<u>My Contribution</u>
___ Supporting Cast Member	\$100-\$249	_____
___ Featured Player	\$250-\$499	_____
___ Lead Player	\$500-\$999	_____
___ Director	\$1,000-\$2,499	_____
___ Producer	\$2,500-\$4,999	_____
___ Executive Producer	\$5,000+	_____

My Show of Choice for Benefits that Apply To One Show is: _____

___ My Check Made Payable to Sacramento Theatre Company is enclosed

___ I wish to pay by credit card. Please contact me by phone for my information.

Please mail completed applications to:

Sacramento Theatre Company

1419 H Street

Sacramento Ca 95814

Attn: Wade Sherman Business Development Director

Applications may also be faxed to (916) 446-4066 or delivered to the STC Wells Fargo Box Office

Thank you for becoming a member of STC for the 2013-14 Season. You will receive a confirmation and any vouchers applicable to your membership by return mail soon!