

I am pleased to join the **Crandell Theatre Membership Program** for the coming year at the level marked.

☐ INDIVIDUAL (\$90)

☐ DUAL (\$150)

☐ GOLD (\$500)

☐ PLATINUM (\$1000)

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Joint Member Email: _____

Please sign me/us up for weekly Crandell Newsletter emails & special event notices: Yes _____ No _____

If you would like to make an additional donation to our capital campaign, please note the amount here: _____

Enclosed is my check for \$ _____ made payable to Crandell Theatre, Inc., or charge my credit card:

☐ Visa ☐ Mastercard ☐ American Express Name on card _____

Card Number: _____ Expiration Date: ____ / ____ Security Code (CVC): _____

Billing address *if different from above*: _____