



# ~ ~ The Theatre Society of Palm Bay ~ ~

## Membership Application

(TCPB is a Not-for-Profit, 501C3, All Membership Gifts are Tax Deductible)

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
(As you wish for it to appear in print)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

- I would like to make a membership contribution of:
- \_\_\_\_\_ \$ 2,000 Producing Director
  - \_\_\_\_\_ \$ 1,000 Artistic Director
  - \_\_\_\_\_ \$ 500 Stage Manager
  - \_\_\_\_\_ \$ 250 House Manager
  - \_\_\_\_\_ \$ 100 Techie
  - \_\_\_\_\_ \$ 50 Patron

- I would like to become a Sponsoring Member by providing support through my contribution of:
- \_\_\_\_\_ Executive Sponsor, \$36,000
  - \_\_\_\_\_ Executive Producer, \$24,000
  - \_\_\_\_\_ Executive Director, \$12,000

Charge my contribution to:  Visa  MC  Discover

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration: \_\_\_\_\_

CARD HOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OR...Make checks payable to: The Theatre Company of Palm Bay P.O. Box 100414 Palm Bay, FL 32910-0414 CASH RECEIVED: \$ \_\_\_\_\_

TCPB Phone #: 321-723-3056 TCPB Representative Signature: \_\_\_\_\_