

# **2015/16 MEMBER/SPONSORSHIP RENEWAL**

Name as you wish it to appear in the program \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ E-mail \_\_\_\_\_

☐ Please provide the same seats for the same performances as last year. ☐ I would prefer to be re-seated as follows: \_\_\_\_\_

☐ I prefer to be on the Thalian Hall Will Call list at the box office and make my reservations on a show-by-show basis.

☐ Family Package members reserve Youth Theater seats on a per show basis at 910.341.7860 or 910.251.1788.

☐ Subscriber Plus members reserve Red Barn Studio seats on a per show basis at 910.251.1788

☐ I have indicated the performances I wish to attend.

**The Addams Family**    ☐ Thu 9/24 @ 7:30pm    ☐ Fri 9/25 @ 7:30pm    ☐ Sat 9/26 @ 7:30pm    ☐ Sun 9/27 @ 3pm  
                                 ☐ Thu 10/2 @ 7:30pm    ☐ Fri 10/3 @ 7:30pm    ☐ Sat 10/4 @ 7:30pm    ☐ Sun 10/5 @ 3pm

**Mame**    ☐ Thu 12/10 @ 7:30pm    ☐ Fri 12/11 @ 7:30pm    ☐ Sat 12/12 @ 7:30pm    ☐ Sun 12/13 @ 3pm  
                                 ☐ Thu 12/17 @ 7:30pm    ☐ Fri 12/18 @ 7:30pm    ☐ Sat 12/19 @ 7:30pm    ☐ Sun 12/20 @ 3pm

**Death of a Salesman**    ☐ Thu 2/4 @ 7:30pm    ☐ Fri 2/5 @ 7:30pm    ☐ Sat 2/6 @ 7:30pm    ☐ Sun 2/7 @ 3pm  
                                 ☐ Thu 2/11 @ 7:30pm    ☐ Fri 2/12 @ 7:30pm    ☐ Sat 2/13 @ 7:30pm    ☐ Sun 2/14 @ 3pm

**American Idiot**    ☐ Thu 4/7 @ 7:30pm    ☐ Fri 4/8 @ 7:30pm    ☐ Sat 4/9 @ 7:30pm    ☐ Sun 4/10 @ 3pm  
                                 ☐ Thu 4/14 @ 7:30pm    ☐ Fri 4/15 @ 7:30pm    ☐ Sat 4/16 @ 7:30pm    ☐ Sun 4/17 @ 3pm

**Noises Off**    ☐ Thu 5/19 @ 7:30pm    ☐ Fri 5/20 @ 7:30pm    ☐ Sat 5/21 @ 7:30pm    ☐ Sun 5/22 @ 3pm  
                                 ☐ Thu 5/26 @ 7:30pm    ☐ Fri 5/27 @ 7:30pm    ☐ Sat 5/28 @ 7:30pm    ☐ Sun 5/29 @ 3pm

**Please indicate the number of memberships you'd like and at which level(s).**

\_\_\_\_ Student @ \$89.55    \_\_\_\_ Subscriber @ \$180.50    \_\_\_\_ Subscriber Plus @ \$260.75    \_\_\_\_ Patron @ \$433.20

\_\_\_\_ Family Package @ \$520.00    \_\_\_\_ Benefactor @ \$1,000    \_\_\_\_ Director's Circle @ \$2,500    \_\_\_\_ Producer's Circle @ \$5,000

\_\_\_\_ Executive Producer @ \$10,000

Membership/Sponsorship Amount    \$ \_\_\_\_\_

Please accept my tax deductible contribution    \$ \_\_\_\_\_

Handling fee    \$ \_\_\_\_\_ 4.00 \_\_\_\_\_

**TOTAL PAYMENT**    \$ \_\_\_\_\_

☐ Check Enclosed    ☐ Visa    ☐ MasterCard    Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Sec. # \_\_\_\_\_ Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

**Please return to Thalian Association, Box 1111, Wilmington, NC 28402 by July 1 to lock in your membership.**