

# Anchorage Opera Guild

## 2008-2009 Membership Form

(Note: Membership is from July 1<sup>st</sup> to June 30<sup>th</sup>)

I/we would like to join/renew membership in the Anchorage Opera Guild at the following tax-deductible level:

General Membership.....  \$50 Single  \$75 Pair \$ \_\_\_\_\_  
 Golden Circle Membership (65 years of age and 12 years as a Guild Member).....  \$20 Single  \$40 Pair \$ \_\_\_\_\_  
 Additional donation in support of the Opera Guild..... \$ \_\_\_\_\_  
 Pre-order three (3) (non-tax deductible) Star events at \$125 per person (a \$35.00 savings)..... set (s) \$ \_\_\_\_\_  
 Total amount enclosed..... \$ \_\_\_\_\_

Name \_\_\_\_\_ Pair Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alt/Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Method of Payment

Check (payable to Anchorage Opera Guild)  Visa  Master Card

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Street, City and Zip Code of Credit Card billing address (if different than above)

Other potential members? (names, addresses and phones) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form, and your check, if applicable, to:

**Anchorage Opera Guild Membership Chairperson**

**P. O. Box 240481**

**Anchorage, Alaska 99524-0481**

Questions: call Jan Ricca 337 2101

Date paid:	Copies to:
Check #: _____ or <input type="checkbox"/> CC:	<input type="checkbox"/> Treasurer
Amount: _____	<input type="checkbox"/> Membership
Received by: _____	

Thank you for joining the Anchorage Opera Guild – a registered non-profit 501(c)3 organization – TIN # 92-0148120