

EMELIN THEATRE

JOIN TODAY!

MEMBERSHIP LEVELS

\$50-\$99 LEVEL - FRIEND

- Priority access to purchase tickets before they go on sale to the public.

\$100-\$249 LEVEL - PATRON

Preceding benefit plus:

- Waived ticket handling fee for up to 2 tickets at each performance.
- Recognition in the Emelin Theatre program, Annual Report, and on our website for the qualifying year.

\$250-\$499 LEVEL - ARTIST'S CIRCLE

All preceding benefits plus:

- 4 vouchers for a complimentary beverage for your use throughout the season.
- Complimentary ticket exchange with 48 hours' notice.
- Lobby display poster of the Emelin performance of your choosing.

\$500-\$999 LEVEL - DIRECTOR'S CIRCLE

All preceding benefits plus:

- Waived ticket handling fee for up to 4 tickets at each performance.
- 6 vouchers for a complimentary beverage for your use throughout the season.

\$1,000 AND ABOVE LEVEL - PRODUCER'S CIRCLE

All preceding benefits plus:

- Waived ticket handling fee for all tickets at each performance.
- Invitation for you and a guest to a Trustees' Cocktail Reception.

Benefits valid for 12 months from date of enrollment. For member discounts, book through the box office. The amount of your donation that is deductible for federal tax purposes will be the amount of your contribution in excess of the fair market value of goods or services provided by the Emelin including the amount of any discounts on tickets purchased.

For more information, please contact Jill Martin at jillmartin@emelin.org or 914.698.3045 x204.

Please mail this completed form with payment to:

**Emelin Theatre
Attn: Membership
PO Box 736
Mamaroneck, NY 10543**

MEMBERSHIP LEVELS:

FRIEND (\$50-\$99)

PATRON (\$100-249)

ARTIST'S CIRCLE (\$250-\$499)

DIRECTOR'S CIRCLE (\$500 - \$999)

PRODUCER'S CIRCLE (1,000 AND ABOVE)

Emelin Theatre Membership makes a great GIFT!

Is this a gift membership? Yes No † If yes complete the following:

Your Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

Names for Membership:

Mr., Mrs., Ms., Dr.

Mr., Mrs., Ms., Dr.

Address

City _____ St _____ Zip _____

Home Phone

Work Phone

Email

Payment Information:

Check (payable Emelin Theatre)

Credit Card ___ AMEX ___ Discover ___ MasterCard
___ Visa

Number

Exp. Date _____ / _____

Name on Card

Signature

Total Amount for Membership
\$ _____

I prefer to not receive public recognition for my gift and request anonymity.

My company matching gift form is enclosed.

Benefits: See Reverse

OFFICE USE

Date ____ / ____ / ____ Initials _____ Notes _____

