



Membership Application

Membership is the lifeblood of the Theatre, providing funding for day-to-day operation and enabling the Theatre to present the finest quality entertainment at affordable ticket prices.

Please Print: Name _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ E-mail address _____

____ Addyse Lane Student Level \$25 (must be a student)

____ Lillian Russell \$35-\$49

____ Noah Beery \$50-\$99

____ John D. Cuddihy \$75-\$124

____ James O'Neill \$125-\$249

____ Douglass Fairbanks \$250-\$499

____ John Philip Sousa \$500-\$999

____ Sarah Bernhardt \$1,000-\$2,499

____ Richard Mansfield \$2,500-\$4,999

____ Mdme Helena Modjeska \$5,000+

Employer Name _____

Note: Some employers will match your contribution to a non-profit organization.

Credit Card # _____ Expiration: ____/____ Amount _____

Signature _____

Please complete this form by indicating your level of support and mail with check, money order, or credit card information to:

The Calumet Theatre Company, Inc.

340 Sixth Street, P.O. Box 167

Calumet, MI 49913

Business Office: 906-337-2166 **Box Office:** 906-337-2610

E-Mail: calumettheatre@calumettheatre.com **Fax:** 906-337-4073

Web Site: www.calumettheatre.com