

# Calumet Theatre Membership Application

Date \_\_\_\_\_  Renewing Membership  New Member

**PLEASE PRINT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Seasonal Address \_\_\_\_\_

(if applicable, dates at this address)

Please check preferred membership category:

**Lillian Russell**  
\$35 - \$49.99

**Noah Beery**  
\$50 - \$74.99

**John D. Cuddihy**  
\$75 - 124.99

**James O'Neil**  
\$125 - \$249.99

**Douglass Fairbanks**  
\$250 - \$499.99

**John Phillip Sousa**  
\$500 - \$749.99

**Richard Mansfield**  
\$750 - \$999.99

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

**Madame Helena Modjeska**  
\$2,500 & above

Employer Name \_\_\_\_\_

\*Optional data – some employers will match your contribution to a non-profit organization.

Please make checks payable to “Calumet Theatre” or charge to:

Discover

MasterCard

Visa

Card # \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

**Yearly Membership runs for one year from the date it is received.**

\*\*Please fill out this form and mail it with your payment to:

**Calumet Theatre, 340 Sixth Street, P.O. Box 167, Calumet, MI 49913  
Box Office 906-337-2610**