



America's Award-Winning Historic
PALACE THEATRE

Where the arts come alive!



Membership Registration Form

My Name: _____

My Mailing Address: _____

My City, State, Zip: _____

My Phone #: _____ My Email Address: _____

My desired level of membership:

Total Donation \$ _____

Lead \$75-\$249

Producer \$1,000-\$3,999

Choreographer \$250-\$499

Benefactor \$4,000-\$10,000

Director \$500-\$999

Method of Payment

Check Enclosed (made payable to *The Palace Theatre*)

Visa

Master Card

American Express

Discover

Credit Card #: _____ Exp. _____

Signature _____ CVV _____

***No Refunds**

****Memberships are valid for one year from date of receipt.**