



Membership Application

Household Last Name, First: _____ # of adults in household _____

Address | City | State | Zip: _____

Phone Number: _____ Email Address: _____

Display Name for Recognition: _____ OR Anonymous

Preferred Seating: 1st Choice _____ 2nd Choice _____ 3rd Choice _____
(excludes Copper Level)

Membership Pledge*:	\$100 (Copper)	\$250 (Bronze)	\$500 (Silver)
(Circle One Level)	\$1,000 (Gold)	\$2,500 (Platinum)	*All levels include tax

Amount Pledged: _____ Monthly (card only for 12 months) Single Payment

Cash Check # _____ or Credit Card: _____ Exp. ____/____ Code _____

(Please make checks payable to: Brigham's Playhouse. Do not mail credit card info)

- I understand that this membership pledge **is not tax-deductible**.
- I understand this membership is by household and for all adults (18+ yrs old) of the home. One membership card will be issued to the household. All members of a single household will share the benefits listed in the membership table for their membership level.

Member Authorization Signature: _____ Date: _____

Your membership and associated benefits begin on the above application signature date and expires 12 months from the same date. Drop this application off at the box office during regular business hours, mail it to the address below or email to the Membership Director: aaronL@brighamsplayhouse.com.

THANK YOU FOR YOUR SUPPORT OF BRIGHAM'S PLAYHOUSE!

25 N 300 W #C1, WASHINGTON, UT 84780 | 435-251-8000 | BOX OFFICE HRS: TUE-FRI 2-7 PM & SAT 12-7 PM

Office Use Only: Membership Application processed by: _____ (BP Staff Signature)

Mark when completed: Pledge Collected In Ticket System Receipt Given Member Packet