



# 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)
<b>(Circle One Level)</b>	\$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](mailto: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