

Membership Form**Cheshire Community Theater****Name(s):****Address:****Phone:****Email Address:****Membership****Rate****Total**

Membership - Individual

\$15.00

Membership - 2 or more persons, same household

\$25.00

Friend - donation of any amount

up to \$49

Patron (receive one flex ticket*)

\$50 - \$74

Benefactor (receive two flex tickets*)

\$75 - \$99

Angel (receive three flex tickets*)

\$100 & Up

*Flex Ticket may be used for any one performance of any one show

Total Enclosed:**\$****Please remit to:**

**Cheshire Community Theater
P.O. Box 149
Cheshire, CT 06410**

Thank you for your support!