

BPAC 2009-2010 Annual Membership Form

SELECT YOUR MEMBERSHIP CATEGORY:

- _____ **Cameo** \$149 or less
- _____ **Supporting Role** \$150-\$299
- _____ **Headliner** \$300-\$499
- _____ **Director** \$500-\$999
- _____ **Producer** \$1,000-\$2,499
- _____ **VIP** \$2500-\$4,999
- _____ **Executive Producer** \$5,000 and more

PLEASE PROVIDE THE FOLLOWING INFORMATION:

ARE YOU AN: Individual Company

NAME(S): _____

COMPANY (if applicable): _____

NAME(S) AS YOU WISH THEM TO APPEAR IN PUBLICATIONS : _____

Check here if you would prefer not to be listed.

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (H): _____ (W): _____ EMAIL: _____

PAYMENT METHOD:

SELECT ONE: Check: Made Payable to: Delta State University Foundation–Bologna Membership

Bill Me Quarterly: Begin Payment: ____ / ____ / ____ Amount: \$ _____

Payroll Deduction: Begin Payment: ____ / ____ / ____ Amount: \$ _____

Credit Card: Charge My: ____ MasterCard ____ Visa

Name on card: _____ Exp. Date: ____ / ____

Card Number: _____ Donation Amount: \$ _____

Signature: _____

My company will match this gift with a contribution:

Company Name: _____ Donation Amount: \$ _____

Return form to: Bologna Performing Arts Center, 1003 W. Sunflower Rd., DSU Box 3213, Cleveland, MS 38733
(Please enclose the appropriate forms. Your personal gift and matching contribution determine your membership level.)
Note: Portions of your membership contribution are tax deductible.

Please call the Bologna Performing Arts Center at (662) 846.4625 for more information.

Tear along dotted line.