



WCLOC

WORCESTER COUNTY LIGHT OPERA COMPANY

Membership Application

Amount	Member Type	Cost	Ext. Total
	INDIVIDUAL (\$20.00 Each) Entitles one (1) adult to all Basic Membership benefits.	@ \$20.00 each	\$
	DUAL (\$35.00 Each) Entitles two (2) adults to all Basic Membership benefits and recognition in show programs.	@ \$35.00 each	\$
	SPOTLIGHTER (\$50.00 - \$74.00 Each) Entitles up to two (2) adults to all basic membership benefits, plus special acknowledgement of their greater support in our programs.		\$
	STAR (\$75.00 and above) Entitles up to two (2) adults to all basic membership benefits, plus special acknowledgement of their greater support in our programs.		\$
	Membership Subtotal		
	I would also like to donate money to the WCLOC Building Fund to help maintain the Grand View Playhouse		\$
	Total		\$

****Note: Membership fees cover membership to WCLOC from January to December*

Member Name _____

Member Name _____

Member Name _____

Member Name _____

Address _____

Address _____

City, ST, Zip _____

City, ST, Zip _____

Phone _____

Phone _____

Email _____

Email _____

Payment Method:

Check – Payable to WCLOC Visa MasterCard Discover

Card # _____ Exp: _____

Name _____ As the name appears on the credit card

Address _____ Billing Address for Credit Card City _____ ST _____ Zip _____

Signature: _____ I authorize this charge to my credit card listed above

Return payments to: WCLOC – Membership – PO Box 51 Worcester, MA 01613