

Application for Membership/Contributions

Name(s): _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____

Email _____

I / we will support the work of The Aiken Opera Society at the following level:

_____ Angel @ \$500.00 per year or more _____ Producer @ \$250-499.00 per year

_____ Benefactor @ \$200-249.00 per year _____ Patron @ \$51-199.00 per year

_____ Couple @ \$50.00 per year _____ Individual @ \$25.00 per year

Enclosed is my check to The Aiken Opera Society for _____.

Please mail the completed application and your check in the enclosed envelope.

Aiken Opera Society, P. O. Box 5046, Aiken, SC 29804

Reservation for Annual Meeting (membership and the Annual Meeting dinner and entertainment are independent – you needn't do both – though we would appreciate it if you did).

Name(s) _____

Please reserve _____ seats for me for the Aiken Opera Society Annual Meeting, Dinner and Entertainment.

June 2, 2007 

Aiken County Historical Museum

My check for _____ is enclosed (\$ 50/Person).