



Membership

Business (optional): _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Membership is January through December.

Membership enrollment begins the September prior to membership year.

Do you have a program preference for your membership investment?

Baltimore Downtown Restoration Victoria Opera House Victoria Players Children's Theater Where Needed Most

- | | | | |
|---|-------------|---|----------------|
| <input type="checkbox"/> Senior/Student | \$15 | <input type="checkbox"/> "The Playwright" | \$100 |
| <input type="checkbox"/> Individual | \$25 | <input type="checkbox"/> "The Star" | \$250 |
| <input type="checkbox"/> Family | \$50 | <input type="checkbox"/> "The Director" | \$500 |
| <input type="checkbox"/> "The Crew" | \$75 | <input type="checkbox"/> "The Producer" | \$1,000 |

Additional Donation: _____

Please make checks payable to BDRC and send to:

BDRC/Victoria Opera House

PO Box 74

Baltimore, Ohio 43105

Card# _____ **Exp:** _____

Name: _____ **CVV:** _____

Signature: _____

May we print your name in newsletters and on the website as a member?

Yes No

BDRC/Victoria Opera House PO Box 74, 107 S. Main Street. Baltimore, Ohio 43105
www.BaltimoreDowntownRestoration.com BaltimoreDowntownRestoration@gmail.com
www.VictoriaOperaHouse.org VictoriaOperaHouse@gmail.com
www.VictoriaPlayers.org VictoriaPlayersTheater@gmail.com