



## Annual Membership

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

To receive advance notice of upcoming shows please enter your e-mail address

Renewal

I would like to become a: (Please choose one)

### Performance Member

- Advance ticket purchase privileges
- Advance notice of shows

### Player Member

- Free Admission to the Bobby Orr Hall of Fame
- 10% discount in the Doug & Arva Orr Gift Shop on Bobby's Birthday (March 20<sup>th</sup>)

### Performance Player

- Advance ticket purchase privileges
- Advance notice of shows
- Free admission to the Bobby Orr Hall of Fame
- 10% discount in the Doug & Arva Orr Gift Shop on Bobby's Birthday (march 20<sup>th</sup>)

#### Performance Member

<input type="checkbox"/> Adult	\$35
<input type="checkbox"/> Couple	\$65
<input type="checkbox"/> Student/Senior	\$30

#### Player Member

<input type="checkbox"/> Adult	\$35
<input type="checkbox"/> Family	\$100
<input type="checkbox"/> Senior	\$30
<input type="checkbox"/> Student	\$20

#### Performance Player

<input type="checkbox"/> Adult	\$60
<input type="checkbox"/> Couple	\$100
<input type="checkbox"/> Family	\$165
<input type="checkbox"/> Students/Seniors	\$50

### For Office Use

Paid With:  Cash  Credit Card  Cheque # \_\_\_\_\_

Membership Began: \_\_\_\_\_ Ends: \_\_\_\_\_

Entered into Theatre Manager By: \_\_\_\_\_ Date: \_\_\_\_\_

Sent Thank You/Card By: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Entered into List By: \_\_\_\_\_ Date: \_\_\_\_\_