



APPLICATION FOR MEMBERSHIP

Name _____

Street _____

City _____

State _____ Zip _____

Phone Number _____

Email _____

- 1 Year Membership \$ 25.00
- 2 Year Membership \$ 40.00
- My Special Gift \$ _____

mail checks payable to:

FRIENDS OF THE OPERA HOUSE
121 West Van Buren Street Woodstock, Illinois 60098
815.338.5300