



CAPAC Membership Form

Today's Date _____ New Member _____ Renewal _____

Name: First _____ Middle Initial _____ Last _____

Address _____ City _____

State _____ Zip _____ Phone () _____

Email _____ @ _____ . _____

Please select the type of membership (Please select one):

Fan: Up to \$49 Stage Hand: \$50 - \$99 Designer: \$100 - \$249.99

Supporting Role: \$250 - \$499 Leading Role: \$500 - \$999

Co-Producer: \$1,000 - \$2,499 Producer: \$2,500 - \$4,499

Executive Producer: \$4,500+

I would like to make a one time donation in the amount of \$ _____

For more information please contact us:

Phone: 703.441.2479 Email: capac3va@capacweb.org Website: www.capacweb.org

Please mail membership form and payment (made payable to CAPAC, Inc.) to:

CAPAC, INC. - Attn: Membership

P.O. Box 4970

Woodbridge, VA 22194-4970

Thank you for considering CAPAC.