



Creative and Performing Arts Center (**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*):

Student \$20 Family \$150 Co-Producer \$1,000

Sustainer \$30 Star \$250 Producer \$2,500

Individual Member \$50 Super Star \$500 Executive Producer \$5,000

I would like to make a one-time donation to the Creative and Performing Arts Center (**CAPAC**) in the amount of \$ _____.

In return you'll also enjoy a full year of benefits, at different membership levels which includes:

- **Reserved Seating for all CAPAC Mainstage Productions**
- **Ticket Exchange Privileges**
- **Listing in all Program Books Produced during the Season**
- **Discount on Ads Purchased by Members for the Program Books**
- **Opening Night (or Closing) Reception with Cast, Director and Designers**
- **Program and Verbal Recognition during performances based on membership level**
- **Invitation to Annual Meeting & Annual Reception**

I am interested in volunteering in the following area(s):

Marketing Committee Membership Committee Programming Committee

Fundraising Newsletter Special Events _____ Other (specify)

For more information, please contact us: Phone: 703-441-2479
Email: membership@capacweb.org or capac4va@aol.com

Website:
www.capacweb.org

Please mail membership form and your check or money order (made payable to CAPAC) to:

CAPAC
ATTN: Membership
P.O. Box 4970
Woodbridge, VA 22194

*Thank you for considering **CAPAC**.*