



Membership Form

Your generous support enables the Flynn Center to actively pursue our commitment to artistic excellence and community involvement.

For more information:

Read the benefits of becoming a member on line at:

<http://www.flynncenter.org/supportus/membership/membership.html>

See the membership frequently asked questions (FAQs) page on line at:

<http://www.flynncenter.org/supportus/membership/membershipfaqs.html>

If you have any questions, contact Paula Roberts at proberts@flynncenter.org or 802-652-4507.

Account Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Email Preferences:

I wish to receive:

- Flynn Center eNewsletter: monthly newsletter of upcoming events, performances, and activities at the Flynn
- Flynn Center eNotices: regular notices of upcoming events, performances, and activities at the Flynn
- FlynnTix eNewsletter: monthly newsletter of regional events from the FlynnTix Box Office
- FlynnArts eNewsletter: monthly newsletter of FlynnArts classes, workshops and masterclasses
- Discover Jazz eNotices: notices of Burlington Discover Jazz Festival events (April - June)

Update your email communication preferences and interests at anytime on line:

<http://www.flynncenter.org/myaccount.html>

Membership Form Continued . . .

Membership Information:

Part I - Level of Membership (check off one level of membership):

- | | |
|--|---|
| <input type="checkbox"/> Friend (\$45-99) | J.J. Flynn Circle |
| <input type="checkbox"/> Contributor (\$100-149) | <input type="checkbox"/> Benefactor (\$1,000-2,499) |
| <input type="checkbox"/> Supporter (\$150-249) | <input type="checkbox"/> Director (\$2,500-4,999) |
| <input type="checkbox"/> Sustainer (\$250-499) | <input type="checkbox"/> Producer (\$5,000-9,999) |
| <input type="checkbox"/> Patron (\$500-999) | <input type="checkbox"/> Underwriter (\$10,000 and above) |

Part II - Membership Gift (enter a dollar amount): \$ _____

- My membership gift will be matched by my employer: _____
Please send matching gift form to Flynn Center, 153 Main Street, Burlington, VT 05401

Recognition Name: _____

(as you wish it to appear in the Membership Listing in publications such as the Playbill)

- I wish to remain anonymous.

Payment Information:

- Enclosed is my check to the Flynn Center for \$ _____ check # _____
- Charge my credit card a one-time payment of \$ _____
- I wish to be a Sustaining Member*. Please charge my credit card \$ _____
- Monthly Quarterly Yearly
- Other: _____

*We will continue to charge your credit card as specified above until you contact us by writing or phone to change or stop your donation.

- American Express MasterCard Visa Discover

Card Number: _____ CW Number: _____ Exp.Date: _____

Name as it appears on card: _____

Thank you for your support, and welcome to the family!

Please review this form and confirm that it is complete.

Fax to: Attention Paula Roberts 802-863-8788 **or**

Mail to: Flynn Center for the Performing Arts

Attn: Membership, 153 Main Street, Burlington, VT 05401