

The Opera Guild
Membership Application

I accept the invitation to membership in The Opera Guild:

Name _____

Address _____

Phone
(home) _____ ***(office)*** _____ ***(cell)*** _____

Email
address _____

I wish to join the following annual dues category:

_____ ***\$50 Family*** _____ ***\$30 Individual*** _____ ***\$15 Student***

I wish to pay by:

_____ ***Enclosed check*** ***Amount*** \$ _____

_____ ***Credit card*** ***Amount*** \$ _____ ***Type***
card _____

Credit card
_____

Expiration date _____

Please return this form and your payment to:

Opera on the James
PO Box 1450 Lynchburg, VA 24505
(office) 434-528-3397