



The Opera Guild Charter Membership Application

I accept the invitation to Charter 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
2240 Rivermont Ave.
Lynchburg, VA 24503
(office) 434-528-3397
info@operaOnTheJames.org
www.OperaOnTheJames.org