

MEMBERSHIP FORM

Name(s): _____

Mailing Address: _____

If you have multiple addresses, please indicate the months you are in Summit County:

**Telephone
Number(s):** _____

Email: _____

Membership per family (\$50.00) \$ _____

Please return this form with your payment to:

Breckenridge Music Applause
P.O. Box 1254
Breckenridge, CO 80424

Additional Donation to Applause: \$ _____

Total Enclosed Payable to Breckenridge Music: \$ _____

MEMBERSHIP BENEFITS

- Two ticket vouchers for buy 1, get 1 for \$5 to Breck Music classical concerts
- Invitation to in-home Champagne concerts
- Invitation to the Membership Picnic in July
- Reduced rates for winter and summer parties
- Name in the Festival Program Book
- Copy of the annual Membership Directory

We invite you to share your talents, so please complete the following.

Applause Events

- | |
|--|
| <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Hors d'oeuvres |
| <input type="checkbox"/> Host a party/event |
| <input type="checkbox"/> Volunteer at a party |
| <input type="checkbox"/> Sponsorship Committee |
| <input type="checkbox"/> Planning Committee |

Annual Summer Gala

- | |
|---|
| <input type="checkbox"/> Decorations Committee |
| <input type="checkbox"/> Auction Committee |
| <input type="checkbox"/> Tickets & Tables Committee |
| <input type="checkbox"/> Sponsorship Committee |
| <input type="checkbox"/> Planning Committee |