

BECOME A MEMBER TODAY!
Partner/Friend/Guild Membership Form



Yes, I would like to make a contribution of \$ _____
to **become a member of Saint Louis Ballet Partners / Friends** to support
the annual operation and activities of Saint Louis Ballet Company.

Name of Contributors _____

Name(s) how you would like to be recognized if different from above

Address _____

City, State & Zip Code _____

Email Address to receive Information/Announcements:

Telephone Number _____

Master Card / Visa _____

Expiration Date: _____ **Amount: \$** _____

Yes, I would like to **become a member of the Guild** to support the
annual operation and activities of Saint Louis Ballet Company.

Name of the member(s) _____

Name(s) how you would like to be recognized if different from above

I would like to volunteer my time in:

Preparation of the receptions hosted by the Saint Louis Ballet Board

Boutique (where merchandise is sold at performances)

Usher for special engagement performances (No public performances)

Promoting the performances in the community

Address: _____

City, State & Zip Code _____

Email Address to receive Information/Announcements:

Telephone Number _____

Mail to: Saint Louis Ballet, 218 THF Blvd, Chesterfield, MO 63005

**Questions? Please contact Joey Neal, Operation Manager
at jneal@stlouisballet.org or call our office at 636-537-1998.**