



Dedicated to Promoting a Greater Interest in Opera and Musical Theater

Membership Application/Renewal

Name: _____ \$25 Individual
_____ \$40 Couple/
Address: _____ Family
City/State/Zip: _____ Check #: _____
Phone: _____ Date: _____
E-mail address: _____

Please check your preference:

/ / I would like to receive the POL Newsletter via email.

/ / I would like to receive the POL Newsletter via regular postal mail.

Please consider making a tax-deductible contribution to the League in one of the following categories:

_____ Mary Jo Bell Memorial Scholarship Fund _____ Grand Opera Angel (\$500+)

_____ Puccini Circle (\$100+) _____ Wagner Circle (\$50+)

_____ Verdi Circle (\$25+) _____ Mozart Circle (\$15+)

Amount of Contribution \$ _____ Check# _____ Date: _____

Please make checks payable to ***Pinellas Opera League***. Mail check(s) and the completed form to

Pinellas Opera League, P.O. Box 4855, Clearwater, FL 33758

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

VOLUNTEERS: Yes, I am interested in volunteering. _____ Yes, I have computer skills. _____

Website: www.pinellasoperaleague.com

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