



Pinellas Opera League
Dedicated to Promoting
a Greater Interest in Opera and Musical Theater
Membership Application

Date: _____

Name: _____

Phone No. _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

___ Yes, please send the newsletter and flyers via email.

MEMBERSHIP: 2014 Annual Dues (*calendar year*)

___ Renewal: ___ \$25.00 (Individual)

___ \$40.00 (Couple/Family)

Total Amt. Pd. \$ _____

Check No. _____

Please consider a tax deductible contribution to the League by circling a category below.

Grand Opera Angel (\$500+); Puccini Circle (\$100+); Wagner Circle (\$50+)

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

Amt. of Contribution \$ _____ Check No: _____

*Please make check(s) payable to **Pinellas Opera League** - mail check(s) and completed form to:*

Ursula Wignall, 2407 Flint Lock Drive, Clearwater, FL 33765

For information: call Ursula Wignall, 727-796-7260

VOLUNTEERS: Yes, I am interested in volunteering ___ Computer skills? ___

PERSONAL DATA (*optional*): Career/Education/Background: (Please use reverse side for additional information)

New to opera or a long time opera lover? _____

Which operas do you enjoy? Italian ___ French ___ German ___ Other _____

I enjoy Broadway Musicals? _____ Operettas? _____ Zarzuelas? _____

How did you learn about the Pinellas Opera League?

Website ___ Newspaper ___ Internet ___ Event ___ Other (explain) _____

Pinellas Opera League Member (name) _____

Do you know someone who is interested in joining Pinellas Opera League? Please contact us or list their name(s) and contact information on the reverse side of this application.

Website: www.pinellasoperaleague.com

A not-for-profit 501(c)3 organization