

Pinellas Opera League (POL)

Dedicated to Promoting a Greater Interest in Opera and Musical Theater

Membership Application/Renewal for 2015

Name:	\$25 Individual
	\$40 Couple/
Address:	Family
City/State/Zip:	Check #:
Phone:	
Please send the newsletter and flyers via e-mail to this e-mail address:	
Please consider making a tax-deductible contribution to the League in one of the	e following categories:
Grand Opera Angel (\$500+) Wagner Circle (\$50+) Mo	zart Circle (\$15+)
Puccini Circle (\$100+) Verdi Circle (\$25+)	
Amount of Contribution \$	Check#
Please make checks payable to <i>Pinellas Opera League</i> . Mail check(s) and t	the completed form to:
Herma Moschner, 910 S. Keystone Avenue, Clearwater, FL 3	33756
For information call Herma Moschner at 727.437.7508	
VOLUNTEERS: Yes, I am interested in volunteering. Yes, I have	computer skills
PERSONAL DATA (optional): Career/Education/Background (Pleas	se use the reverse side.)
Are you new to opera? Are you a long-time opera lover?	
How did you hear about the Pinellas Opera League?	
Website Newspaper Internet Event Other (explain	ain)
Informed by Pinellas Opera League member (name)	
Do you know someone who is interested in joining the Pinellas Opera Lea	ague? If so, please contact

Website: www.pinellasoperaleague.com

us or list their name(s) and contact information below.

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