



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

For information call 727.437.7508

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

Website: www.pinellasoperaleague.com

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