



Dedicated to Promoting a Greater Interest in Opera and Musical Theater

Membership Application/Renewal

Name: _____ \$30 Individual
_____ \$50 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

"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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