

Name _____
Mr./Mrs./Miss/Ms./Dr. (Please print)

Address _____

City _____ **Postal Code** _____

Tel./Fax/e-mail: _____
(tel. home) (cell/tel. work) (e-mail address)

Your name and contact information will only be shared for VOG-related business (e.g. tours, special events, Vancouver Opera announcements, etc.) This complies with the *BC Privacy Act* and *Canadian Personal Information Protection and Electronics Documentation Act*. **Are you a new member?** Yes No

Name Tag \$10: Pin back Magnetic Back Name to appear (first name, print clearly): _____

Membership: (two persons resident at the same address may take a Family Membership)
(Must actively participate in at least one committee) | (Involvement by choice only)

<input type="checkbox"/> Active Single: \$30 a year; \$60 for two years	<input type="checkbox"/> Sustaining Single: \$50 a year; \$100 for two years
<input type="checkbox"/> Active Family: \$35 a year; \$70 for two years	<input type="checkbox"/> Sustaining Family: \$60 a year; \$120 for two years
<input type="checkbox"/> Young People (under 30 years): \$15 a year; \$30 for 2 years	

Donation: (Tax Deductible)

BN 13252 2855 RR0001

<input type="checkbox"/> 1.Opera Education in Schools Fund \$ _____	<input type="checkbox"/> 3.Facelift Fund \$ _____
<input type="checkbox"/> 2.Career Development/Awards Fund \$ _____	<input type="checkbox"/> 4.Other _____ \$ _____

Which Committees would you like to work on this coming season?

- | | |
|---|---|
| <input type="checkbox"/> Artists' Door | <input type="checkbox"/> Publicity / Public Relations |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Rehearsal Refreshments |
| <input type="checkbox"/> Guild Centre | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Tours |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Opera Education in Schools | |

Please send my newsletter by electronic mail (email address above) Canada Post

Please return this Membership Application Form and your cheque payable to: **The Vancouver Opera Guild:**
c/o Membership Chair
Vancouver Opera Guild
1945 McLean Drive
Vancouver, B.C. V5N 3J7

Amount Enclosed: \$ _____	for Opera Guild Membership
\$ _____	for _____ (specified donation(s), see Options above - i.e. Facelift Fund)
\$ _____	for a voluntary Donation
\$ _____	for a Vancouver Opera Guild Name Tag (\$10)
\$ _____	TOTAL

Revised May 31, 2016