

Welcome to Duncan Theatre Membership! Designed to support the programs of the Duncan Theatre. Your annual membership dollars will allow the theatre to continue its long history of presenting outstanding performing arts experiences. All levels of Membership afford you...

- ❖ Access to seating prior to public sale
- ❖ Recognition in season program book and on Theatre Lobby Season Honor Roll
- ❖ Advanced notice of added performances
- ❖ Discounts on tickets to select Duncan Theatre presented events as available
- ❖ Waiver of Lost Ticket fees
- ❖ Reciprocal Benefits at all Palm Beach State College Theatres (Duncan Theatre, Dolly Hand CAC & Eissey Campus Theatre)

All memberships are seasonal and run through April 30 each year.

Now choose your level of Membership - additional benefits based on your level of membership include:

<i>Benefits</i>	<i>Director \$100</i>	<i>Producer \$250</i>	<i>Dean \$500</i>	<i>Provost \$1,000</i>	<i>President \$5,000</i>
All benefits listed above	★	★	★	★	★
Priority Seating - opportunity to purchase up to 4 subscriptions or individual tickets per show before non-members	★				
Priority Seating - opportunity to purchase up to 6 subscriptions or individual tickets per show before non-members		★			
Priority Seating - opportunity to purchase up to 8 subscriptions or individual tickets per show before non-members			★		
Priority Seating - opportunity to purchase up to 10 subscriptions or individual tickets per show before non-members				★	★
Invitation for the Annual Foundation Reception Event			★	★	★
Opportunity to attend a working rehearsal, as available			★	★	★
Take-A-Seat plaque recognition				★	★
Sponsorship of individual production as applicable					★

PLEASE RETURN THIS FORM WITH YOUR ORDER

I HAVE SELECTED THE FOLLOWING MEMBERSHIP LEVEL:

DIRECTOR (\$100) PRODUCER (\$250) DEAN (\$500) PROVOST (\$1,000) PRESIDENT (\$5,000)

Name: _____

Address: _____

City, ST. Zip: _____

Phone: _____ - _____ E-mail: _____

Please list my name in the program as:

Signature: _____

Please Make Check Payable To: Palm Beach State College Foundation, Inc. Check Enclosed: _____ Amount: \$ _____

Card # _____ Exp. Date _____ / _____ CVV# _____

Billing Zip Code _____