



## CCT: Membership Opportunities and Benefits

To become a CCT member: choose your desired membership level, complete the form below, and mail it to CCT with your annual membership fee. Thank you for supporting CCT and the arts on St. Croix.

**SINGLE \$30.00**

**FAMILY \$65.00** (couple & children under 18)

**SENIOR \$25.00** (age 65 & over)

- Member discount on tickets
- Newsletters & postcards
- Event announcements
- Ability to purchase discounted books of tickets
- Invitation to the Annual Member Meeting with voting privileges (children under 18 do not have voting privileges)

**SUPPORTING PLAYER \$100.00 - \$249.00**

- FAMILY benefits listed above
- CCT canvas bag
- Name mentioned as a SUPPORTING PLAYER in annual program

**STAR \$250.00 - \$499.00**

- FAMILY benefits listed above
- Two tickets to a season show of your choice
- Name mentioned as a STAR in annual program

**SUPERSTAR \$500+**

- FAMILY benefits listed above
- Book of six tickets
- Name mentioned as a SUPERSTAR in annual program

**CORPORATE \$1,000.00+**

- FAMILY benefits listed above for five employees (each additional employee is \$20)
- Book of six tickets
- Name mentioned as CORPORATE MEMBER in annual program

**Please check your desired membership level below:**

- |   |   |
|---|---|
| <input type="checkbox"/> Single membership..... \$30.00 | <input type="checkbox"/> Supporting player... \$100.00 - \$249.00 |
| <input type="checkbox"/> Family membership.....\$65.00  | <input type="checkbox"/> Star .....\$250.00 - \$499.00            |
| <input type="checkbox"/> Senior citizen.....\$25.00     | <input type="checkbox"/> Superstar..... \$ 500.00                 |
|   | <input type="checkbox"/> Corporate..... \$1,000.00+               |

### Membership Application *(Please print clearly)*

Member Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel. (H): \_\_\_\_\_ (W) \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

Please check if you do not want your name listed in our program.

Return to: Caribbean Community Theatre, PO Box 25793 GBS, Christiansted, VI 00824

**DO NOT WRITE BELOW THIS LINE (FOR CCT USE ONLY)**

Membership application and fee received on \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_ for CCT    Cash  Check