

Columbia City Ballet Guild

Member Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Season Member: Y / N

Email: _____

Levels of Membership

_____ Active Member: \$50

An active member shall assist with volunteer activities.

_____ Patron Member: \$75

A patron member may choose not to participate in volunteer activities.

Payment Options

__ Check: My check payable to "CCB Guild" for \$_____ is enclosed.

__ Visa/ MC/ Amex Card # _____ Name as it appears on card: _____

Expiration Date: _____ CVS security code _____ Amount \$ _____

Billing Address (if different than above): _____

Signature: _____

Please mail this form and your payment to:

Columbia City Ballet
Attn: Ballet Guild
1545 Main Street
Columbia, SC 29201

Thank you for joining the CCB Guild and supporting
Columbia's oldest and largest professional ballet company,
your **Columbia City Ballet!**