



2016-17 Membership Form

Name(s): _____

For family memberships: # of children: _____ Age range: _____

Address: _____

City: _____

Province: _____ Postal code: _____

Phone: _____ E-mail: _____

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YOUR MEMBERSHIP ENTITLES YOU TO:

* **20% discount on up to two tickets for all STRATHSPEY PRESENTS events**, given for advance purchases only. Tickets must be purchased **before** the day of the show. *Please request your discount when purchasing your tickets.*

* Receive advance notice of upcoming events

* Receive show reminder the week of the show

* Receive monthly e-newsletter

* Have your name entered into a "Members Only" draw at each show at SPA. Winner receives two free tickets to an upcoming SPA Presents Show (*at times, there may be restrictions on select shows*)

* Attend the Annual General Meeting and join in the conversation on how to help Strathspey Performing Arts Centre best serve our community

* Attend the Annual Members' Gathering

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ANNUAL MEMBERSHIP FEE:

Individual: \$20 Family: \$30

MEMBERSHIP IS FROM SEPTEMBER 30, 2016 - SEPTEMBER 30, 2017. *The membership fee is not tax-deductible.*

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YES, I SUPPORT STRATHSPEY PERFORMING ARTS CENTRE!

Strathspey is a Canadian Registered Charity #895227726RR001

Annual Membership _____ Donation _____

Total amount _____

Payment Cash Cheque Credit Card

I would like to volunteer - contact me!

Signature _____

Membership form and payment may be dropped off at our box office from Tuesday - Saturday, 11 - 3 pm. Please contact us by phone for other arrangements.