

WHITAKER CENTER MEMBERSHIP APPLICATION

Tell us about yourself

New Member Renewal Gift

Primary Card Holder #1

Adult _____

Primary Card Holder #2

Adult _____

Mailing Address _____

Phone (H) _____ (C) _____

Email Address _____

Number of Juniors (*through age 17, limit of six*) _____

Number of additional Juniors: \$20/person _____

Names of additional Adults (*limit of two*): \$20/person

Choose your desired Membership Level(s)

Basic Memberships (*2 adults and up to six juniors through age 17*)

- | | |
|---|-------------|
| <input type="checkbox"/> Performing Arts Membership | \$59 |
| <input type="checkbox"/> Individual - One Adult | \$89 |
| <input type="checkbox"/> Family/Grandparent (<i>circle one</i>) | \$99 |
| _ Additional Adults (<i>limit of two</i>) | \$20/person |
| _ Juniors | \$20/person |

Contributing Memberships

- | | |
|---|---------|
| <input type="checkbox"/> Friend (<i>\$51 tax deductible</i>) | \$170 |
| <input type="checkbox"/> Topaz (<i>\$302 tax deductible</i>) | \$500 |
| <input type="checkbox"/> Sapphire (<i>\$713 tax deductible</i>) | \$1,000 |

I would like to make an additional gift of \$ _____

TOTAL PAYMENT \$ _____

Payment information

- Cash (*do not mail*)
 Check (*payable to Whitaker Center*)
 Visa Mastercard
 Discover American Express

Card Holder Name _____

Account # _____

Expiration Date _____ CVC # _____

Signature _____

This is a Gift Membership from:

Name _____

Mailing Address _____

Phone (H) _____ (C) _____

Email Address _____

Gift must reach recipient by (*date*) _____

- Send to giver Send to recipient

Sign card from _____

Include this message _____



222 Market Street
Harrisburg, PA 17101

Phone: 717-724-3857
Fax: 717-221-8208

Email: membership@whitakercenter.org
Web: whitakercenter.org

FOR OFFICE USE ONLY

Sale # _____ Date _____

Sold by _____ Rec'd by _____

MEMBER SERVICES

Sale # _____ Initials _____

Authorize # _____ Process Date _____