



LOS ANGELES BALLET GUILD

MEMBERSHIP APPLICATION

NAME: _____ NICKNAME IF APPLICABLE: _____
 SPOUSE'S NAME: _____ NICKNAME IF APPLICABLE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ CELL: _____ WORK: _____
 E-MAIL: _____

Los Angeles Ballet Guild members will receive an e-newsletter, information on upcoming performances and acknowledgement in LAB performance programs.

I WOULD LIKE TO JOIN THE LOS ANGELES BALLET GUILD AS A:

\$250 SUPPORTING MEMBER

Supporting Members will be relied upon for support through event and performance attendance and through the promotion of Los Angeles Ballet among the member's circle of influence.

\$75 SUSTAINING MEMBER

Sustaining Members will be responsible for the day-to-day activities of the Guild.

PLEASE CHECK ANY AREAS IN WHICH YOU HAVE EXPERIENCE:

- ACCOUNTING
- ADMINISTRATIVE
- BOOKKEEPING
- COMPUTER KNOWLEDGE:
 - MS WORD MS EXCEL GRAPHICS OTHER _____
- CRAFTS/ARTISTRY
- LEGAL
- OTHER _____

PLEASE INDICATE YOUR AREAS OF PRIMARY INTEREST:

PERFORMANCE WORK:

- | | | |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> BOX OFFICE | <input type="checkbox"/> GUEST ARTIST RELATIONS | <input type="checkbox"/> BOUTIQUE |
| <input type="checkbox"/> BACKSTAGE | <input type="checkbox"/> DRESSER | <input type="checkbox"/> CONCESSION |
| <input type="checkbox"/> FLOWERS | <input type="checkbox"/> PROPS | |

EVENTS:

- AUCTION
- DESIGN (E.G., CENTERPIECES, FLOWERS)
- INVITATIONS

SIGNATURE: _____ DATE: _____

PLEASE RETURN YOUR COMPLETED APPLICATION AND CHECK MADE OUT TO LOS ANGELES BALLET GUILD TO:

LOS ANGELES BALLET GUILD
 C/O LOS ANGELES BALLET
 11755 EXPOSITION BLVD., LOS ANGELES, CA 90064