



Member Information

Name: Ms. Mrs. Mr. _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

PLEASE CIRCLE DESIRED MEMBERSHIP LEVEL AND FILL IN AMOUNT:

Table with 3 columns: Membership Level, Amount, and Benefit Description. Rows include ADAGIO, ALLEGRO, ASSEMBLE, GRAND-PLIE, BALLERINA, PRINCIPAL, PRODUCER, and CHOREOGRAPHER.

Amount: \$ _____

Billing Information For Membership Charges

VISA MASTERCARD # _____ / _____ / _____ / _____ Exp. Date _____

AMERICAN EXPRESS # _____ / _____ / _____ Exp. Date _____

CHECK / MONEY ORDER (Mail to BalletRox – 284 Amory Street, Jamaica Plain, MA 02130)

Optional Information

Spouse/domestic partner: _____

Date of Birth: _____

I hereby apply for BalletRox membership benefits with this donation. I authorize BalletRox to charge my credit card for the membership level I have indicated (only if paying by credit card).

Signature

Date

Please return to: BalletRox, 284 Amory Street, Jamaica Plain, MA 02130
MEMBERSHIP FAX # 617-524-3066