

## Project Applause Membership

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Level of Membership:**

Dress Circle (\$500-\$1,000): \$ \_\_\_\_\_

Orchestra (\$100 - \$499): \$ \_\_\_\_\_

Mezzanine (\$25 - \$99): \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

***Mail completed application to:***

Project Applause  
1105 Mission Blvd.  
Santa Rosa, CA 95409

***Thank you for your support!***