

Snoqualmie Falls Forest Theater – Membership Form

New Member **Renewal**

Please fill out this form, enclose check
(or pay online at www.foresttheater.org) to:

Snoqualmie Falls Forest Theater
PO Box 249
Fall City, WA 98024

**If your company has a matching
fund program, please fill out
appropriate form and attach
with payment.**

Volunteer Areas of Interest:

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Property | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Program | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Technology |

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____
How did you hear about us? _____

Please select membership type:

- | | |
|--|------------|
| <input type="checkbox"/> Life (4 tickets) | \$2,000.00 |
| <input type="checkbox"/> Patron (4 tickets) | \$170.00 |
| <input type="checkbox"/> General (2 tickets) | \$95.00 |
| <input type="checkbox"/> Additional Keycard | \$10.00 |
| <input type="checkbox"/> Additional Contribution | \$ _____ |
| <input type="checkbox"/> Endowment Donation | \$ _____ |
| Total Enclosed | \$ _____ |

Snoqualmie Falls Forest Theater is recognized and registered as a 501 (c)(3) organization. All contributions are fully tax deductible to the extent as allowed by the IRS. Please check with your tax preparer or attorney. We will not sell, give away or use your personal information except for SFFT related notices and communication.

FOR OFFICE USE ONLY – Date Received: _____ Card Number: _____