

The Lakeland Cultural Arts Center

2019 Membership

Join the Lakeland Family -"Big City Theatre at Small Town Prices":

Please return this page along with your check or credit card information to:

Lakeland Cultural Arts Center P. O. Drawer 130, Littleton, NC 27850

Thank you in advance for your support!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail address: _____

<u>Entry Level Memberships</u>		<u>Membership Level Desired</u>	
<i>Benefit shown is for productions at the Lakeland Theatre only!. See brochure for more information.</i>			
<u>FRIEND</u>	<i>\$4.00 off one ticket each production</i>		5
\$25.00			
<u>PATRON</u>	<i>\$4.00 off two tickets each production</i>	5	\$50.00
<u>YOUTH</u>	<i>One free admission per production</i>	5	\$50.00
<u>FAMILY</u>	<i>\$4.00 off of four tickets to each production</i>		5
\$100.00			
<u>CHAMPION</u>	<i>1 free admission per production</i>	5	\$150.00 or \$12.50 per month
<u>Advanced Level of Membership</u> <i>(May be an individual, couple, family or company)</i>			
<u>DONOR</u>	<i>2 free admissions per production</i>	5	\$240.00 or \$20 per month
<u>DONOR PLUS</u>	<i>2 free admissions to each production & 2 VIP tickets</i>	5	\$360.00 or \$30 per

PAYMENT INFORMATION

5 Check Enclosed

---or---

Total Amount Paid: \$ _____

5 Charge my credit card

(circle one) Visa MasterCard Discover

Number: _____ CSC Code* _____ Expiration Date: (MM/YY)

* The three-digit code on the back of the card.

Lakeland Theatre & Cultural Arts Center
Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the credit card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing at any time by contacting us.

Payment Information:

I authorize Lakeland Arts Center to automatically bill the credit card listed below as specified:

Amount: \$_____

Frequency: _____ Weekly _____ Bi-weekly _____ Semi-Monthly _____ Monthly _____ Quarterly
_____ Semi-Annually _____ Annually

Start billing on: ____/____/____ End billing when: _____ Customer provides written cancellation
Contract expires on: ____/____/____

Credit Card Information: (To be completed by customer)

Lakeland Theatre & Cultural Arts Center accepts the following credit cards: Visa, MasterCard & Discover

Credit Card Type: _____ Credit Card Number: _____

Expiration date: ____/____/____ CSC (code on back of card at end of signature): _____

Cardholder's name: _____ Credit card billing zip code (required): _____

Customer's Signature: _____ Date: _____

Simply choose the membership type and then divide by the number of payments wanted.

Weekly= 52 payments Bi-weekly= 26 payments Semi-monthly= 24 payments

Monthly= 12 payments Quarterly= 4 payments Semi-annual= 2 payments