



PETERBOROUGH THEATRE GUILD
Membership Application/Renewal
 September 2016 - August 2017

Box Office Use Only:

Order#

Name _____ New Member Renewal

Mailing Address _____ City _____

Postal Code _____ Phone _____

Email Address: _____

Mail entire form to: **PTG Membership**
364 Rogers Street
Peterborough ON K9H 1W7

Personal information provided to the PTG on this form will be used only for the purposes of processing your membership order & providing you with information about the Guild and its productions. Our privacy policy is available at the Box Office or on our website.

<i>Circle desired Membership Package(s)</i>	Platinum Level Membership		Gold Level Membership		Silver Level Membership		Amount	
Adult Single	1 ticket to all shows	\$117.50 PAS	1 ticket to 4 plays & the musical	\$86.50 GAS	1 ticket to two plays + musical	\$55.50 SAS		
Adult Double	2 tickets to all shows	\$221.00 PAD	2 tickets to 4 plays & the musical	\$164.50 GAD	2 tickets to two plays + musical	\$106.00 SAD		
Senior (65+) Single	1 ticket to all shows	\$106.00 PSS	1 ticket to 4 plays & the musical	\$77.50 GSS	N/A			
Senior (65+) Double	2 tickets to all shows	\$200.00 PSD	2 tickets to 4 plays & the musical	\$146.50 GSD	N/A			
Student	1 ticket to all shows	\$68.00 PST	1 ticket to 4 plays & the musical	\$49.00 GST	1 ticket to two plays + musical	\$32.00 SST		
Platinum: All Full-Length plays (incl. summer) + Musical, Family & One-Act							Donation	
Gold: any 4 Full-Length plays (incl. summer) + the Musical*								
Silver: any 2 Full-Length plays (incl. summer) + the Musical*								
*Note: a Full-Length play (incl. summer) may be substituted for the Musical							Total	

Method of Payment

Cheque is enclosed for \$ _____ Dated ____/____/____ (YYYY/MM/DD) No postdated cheques please.

Charge to my: Visa () MasterCard ()

_____ Expiry Date ____/____ (MM/YY)

Signature for Credit Card Approval _____ Date _____

If paying with Visa or MasterCard and wish to have the charge slip sent to you, a self-addressed stamped envelope must be included with your application.

For Box Office Use Only: Membership Number _____ Date Processed ____/____/____