



VAGABOND PLAYERS
The Best of Broadway on Broadway

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ Phone (Evening): _____

Phone (Cell): _____ Email: _____

Vagabond Membership: \$36.00
 (Includes tickets to opening night, or a performance of your choice)

Guest Season Ticket: \$36.00 per guest
 (Includes tickets to opening night, or a performance of your choice)

Theatre Angel Donation: \$50.00–\$99.00
 (Includes your name printed in programs)

Anniversary Angel Donation: \$100.00–\$499.00
 (Includes a special acknowledgment in programs)

Total Enclosed:

Return this form with a check payable to Vagabond Players, Inc., or provide credit card information below.

Credit Card Type: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____

You can also activate or renew your Vagabond Membership on line at
<http://app.arts-people.com/index.php?membership=vpi>

Questions or comments? (410) 563-9135 or vagabonds@vagabondplayers.org