



**Business (optional):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Membership is January through December.**

**Membership enrollment begins the September prior to membership year.**

*Do you have a program preference for your membership investment?*

Baltimore Downtown Restoration    Victoria Opera House    Victoria Players Children's Theater    Where Needed Most

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Senior/Student \$15</b>        | <input type="checkbox"/> <b>"The Playwright" \$100</b> |
| <input type="checkbox"/> <b>Individual \$25</b>            | <input type="checkbox"/> <b>"The Star" \$250</b>       |
| <input type="checkbox"/> <b>Family \$50</b>                | <input type="checkbox"/> <b>"The Director" \$500</b>   |
| <input type="checkbox"/> <b>"The Crew" \$75</b>            | <input type="checkbox"/> <b>"The Producer" \$1,000</b> |
| <input type="checkbox"/> <b>Additional Donation:</b> _____ |  |

**Please make checks payable to BDRC and send to:**

BDRC/Victoria Opera House  
PO Box 74  
Baltimore, Ohio 43105

**Card#** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*May we print your name in newsletters and on the website as a member?*

Yes                      No

BDRC/Victoria Opera House PO Box 74, 107 S. Main Street. Baltimore, Ohio 43105  
[www.BaltimoreDowntownRestoration.com](http://www.BaltimoreDowntownRestoration.com)   [BaltimoreDowntownRestoration@gmail.com](mailto:BaltimoreDowntownRestoration@gmail.com)  
[www.VictoriaOperaHouse.org](http://www.VictoriaOperaHouse.org)   [VictoriaOperaHouse@gmail.com](mailto:VictoriaOperaHouse@gmail.com)  
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