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| Friends of Fox Bob Hope Theatre Logo Color.jpg  **FRIENDS OF THE FOX THEATRE MEMBERSHIP APPLICATION**  **Bob Hope Theatre, formerly the Fox California**  **The Crown Jewel of Stockton**  **Location:** 242 East Main Street, Stockton, California 95202  **Mailing address:** Friends of the Fox, P.O. Box 30, Stockton, California 95201  Facebook.com/stocktonfox [www.foxfriends.org](http://www.foxfriends.org)  Membership Questions please call:  Dee Schwerin (209) 470-8090 [deeschwerin@yhaoo.com](mailto:deeschwerin@yhaoo.com)  Marilyn Togninali (209) 470-8923 friendsofthefox2@yahoo.com  Our Memberships are for the fiscal year from July 1st through June 30th  *Thank you for supporting the Friends of the Fox Theatre, a non-profit 501(c)3 organization.* | | | |
| Date: ☐ New One Year Membership ☐ Renewing One Year Membership | | | |
| Name(s): | | | |
| Business Name: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Email address: | | Phone: | |
| **Select** | **Membership Level** | **Cost** | **Classic Movie Tickets Included** |
|  | Diamond | $500.00 and up | 6 |
|  | Ruby | $250.00 to $499.00 | 4 |
|  | Sapphire | $100.00 to $249.00 | 3 |
|  | Emerald | $50.00 to $99.00 | 2 |
|  | Pearl | $40.00 to $49.00 | 2 |
| **$\_\_\_\_\_\_\_ Keep the Music Going Donation**  Prefer to receive all our communications by email only? Please list your email address here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_ Save My Seat $250.00 Addition**  Save Your Seat and dedicate a seat in memory of a special date or cherished loved one. A brass plaque will be placed on an available seat of your choice in perpetuity. Plaques are limited to 3 lines with a maximum of 20 spaces on each line. This addition includes a one-year membership without tickets.  **Examples:**  Happy Birthday In Memory of  Jordan Jacobs May 1947 Bill and Jane George  Your Family Love Emily & Lucy Preferred Seat Number: \_\_\_\_\_\_\_\_\_\_\_\_\_  **Seat Plaque Wording:**  Line 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Line 3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Payment Information** | | | |
| Credit Card: ☐ Visa ☐ MasterCard ☐ Paid in Cash ☐ Check Enclosed – Payable to The Friends of the Fox | | | |
| Card # Expiration date: | | | |
| Name on Card: CVC Code (on back of the card): | | | |
| City, State and Zip Code: | | | |

**Thank you for your support of our Classic Movie Series at the Crown Jewel of Stockton. See you at the movies!**

2025-2026 Membership Form