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| Friends of Fox Bob Hope Theatre Logo Color.jpg**FRIENDS OF THE FOX THEATRE MEMBERSHIP APPLICATION****Bob Hope Theatre/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 95201Facebook.com/stocktonfox [www.foxfriends.org](http://www.foxfriends.org)Membership Questions please call:Dee Schwerin (209) 477-7479 deeschwerin@yahoo.comMembership is based on fiscal year, July 1st through June 30th.*Thank you for supporting the Friends of the Fox Theatre, a non-profit 501(c)3.*  |
| Date: ☐ New One Year Membership ☐ Renewing One Year Membership |
| Name(s): |
| Business Name: |
| Address: |
| City: | State: | Zip: |
| Email address: | Phone: |
| **Membership Level** |
| **Please Check** | **One Year Membership in the Crown Jewel** | **Cost** | **Includes Classic** **Movie Tickets** |
|  | Diamond | $500.00 - up | 6 |
|  | Ruby | $250.00 - $499.00 | 4 |
|  | Sapphire | $100.00 – $249.00 | 3 |
|  | Emerald | $50.00 - $99.00 | 2 |
|  | Pearl | $40.00 - $49.00 | 1 |
| **\_\_\_\_\_\_ Save My Seat – For $250.00** You can dedicate a seat in honor of someone’s birthday, anniversary, in memory of a loved one or a cherished memory. A brass plaque will be placed on an available seat of your choice and will remain indefinitely.Limited to 3 lines with a maximum of 20 spaces on each line.**Examples:**Happy Birthday In Memory ofJordan Jake May 1947 Bill and Jane GeorgeYour 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: Code (on back of the card): |
| City, State and Zip Code: |

**Thank you for your investment in this historic entertainment venue. See you at the movies!**

 2022-2023

 Membership form