

UACT Membership & Season Ticket Orders

MEMBERSHIP LEVEL	QUANTITY	TOTAL
Bravo (\$35)	_____	\$ _____
Encore / Family (\$75)	_____	\$ _____
Producer (\$125)	_____	\$ _____
Director (\$250)	_____	\$ _____
Basic Business (\$250)	_____	\$ _____
Gold Angel (\$500)	_____	\$ _____
Business Performance Sponsor (\$500)	_____	\$ _____
	Membership Subtotal:	\$ _____
SEASON TICKETS		
_____ Tickets at \$40 each		\$ _____
	Grand Total:	\$ _____

Make checks payable to UACT, and mail this form and payment to:

UACT
P.O. Box 839
Roseburg, OR 97470
Phone: 541-673-2125
E-Mail: uactor@cmspan.net

UACTors Registry

Please let us know who you are and where to send your tickets!

Name: _____

Address: _____

City: _____

State / Zip: _____

Phone: _____

E-mail: _____