

TOLEDO OPERA GUILD **MEMBERSHIP FORM 2026-2027**

NAME: _____

(First)

(Last)

Preferred title (circle): Mrs. Ms. Mr. M. Rev. Dr. Hon. Military: _____ Birthday: _____

Spouse/Partner: _____

Mailing Address: _____

(Please include Number, N/S/E/W, Name, Street/Road/Drive/Court/Circle/Hwy/Blvd, and Apt/Unit number)

(City/Village)

(State)

(ZIP)

Phone: (cell) _____ (home) _____

Email: _____

Mark if applicable: _____ I am a Toledo Opera subscriber _____ I am a Toledo Opera attendee

Please share some information about yourself (occupation/organizations/family/hobbies) [Optional, more on back if needed]:

Membership Level

_____ **General:** \$75 _____ **Supportive:** \$125 _____ **Diva/Divo:** \$250

_____ I am including an extra donation of \$ _____ [_____ I am a renewing member]

NOTE: Membership dues cover TOG membership for one fiscal year from June 1 to May 31. Dues and extra donations contribute to TOG operation funds and Toledo Opera support. **Thank you so much!**

Total Amount Included: \$ _____ Check # _____

Credit Card Number: _____

Expiration Date: _____ (MM/YYYY) CVV: _____ (three-digit code)

Billing ZIP: _____ Name on Card: _____

Please be aware that credit card payments will be charged an extra 3% to cover processing fees.

QUESTIONS? Contact TOG President Rebecca Conklin Kleiboemer: *email* rmconklin@yahoo.com, *call/text* 419-429-9152

REMIT completed form and payment to:

Toledo Opera / Attn: Leah Whitaker / Re: Toledo Opera Guild Membership /
425 Jefferson St., Toledo, OH 43604-1080