

CORPS de Ballet International Gift Membership Form
ANNUAL MEMBERSHIP YEAR: January 1 – December 31

Please print form and mail to:

Lara Petrin – Treasurer
Western Illinois University
Department of Theatre and Dance
1 University Drive
Macomb, IL 61455
lm-petrin@wiu.edu

_____ Sponsor	\$100.00 (Additional funds will help support members who present their research at our annual conferences.)
_____ Full Member	\$75.00
_____ Associate Member	\$50.00
_____ Grad Student	\$25.00
_____ Retired	\$25.00
_____ Total	\$ _____

Recipients' name

Address (home or work)

City: _____ State: _____ Zip: _____
Telephone: () _____ - _____ Email: _____
Institution: _____
Department _____
Rank/Title: _____

Purchasers' name

Address (home or work)

City: _____ State: _____ Zip: _____
Telephone: () _____ - _____ Email: _____

Enclosed in my check for:

Amount enclosed: _____

Date: ____ \ ____ \ ____

Notify Recipient by email: _____

Notify Purchaser by email: _____



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