CIRCLE of Friends
2024- 2025 Membership
Membership Form

General Information: (please print clearly)

_____

Member(s) Name: Mr. / Mrs. / Miss / Ms.

_____

Address:

_____

City: State: Zip Code:

_____

Email Address: _____

Home Phone:_____ Mobile Phone: _____

Payment Method: _____Check (payable to: Friends of the Historic Seminole Theatre)
_____MasterCard_____Visa_____AmEx

_____

Cardholder's name

_____

Card Number Expiration Date CVC Code

_____

Signature

May we identify you as a donor in our publications? _____YES _____NO

_____

Name as you would like it listed.

The **"CIRCLE of Friends" Membership** program is an annual program.
Donations are tax deductible to the extent provided by the law

Any questions please Call: 786-650-2072

Please return completed form to:
Seminole Cultural Arts Theatre, Inc.
PO Box 1308, Homestead, FL 33090-1308

or Visit our website at:
www.friendsofthehistoricseminoletheatre.com