



CURTAIN RAISERS

OF THE CLAREMONT COLLEGES

M E M B E R S H I P F O R M

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Enclosed is my (our) membership to Curtain Raisers in the amount of \$_____

ANGELS \$100 • DIRECTORS \$50 • PLAYERS \$25
Annual Membership per Individual or Couple

Please send this form along with your membership check made payable to:
Curtain Raisers of The Claremont Colleges
640 Marshall Court
Claremont, CA 91711

For more information, contact curtainraisers@gmail.com