

## **INDIVIDUAL MEMBERSHIP**

October 1, 2024- September 30, 2025

| PLEASE PRINT  |   |              |   | ]                               |
|---|---|--------------|---|---------------------------------|
|   | Date:   |              |   | OM.                             |
| Name:   |   |              |   | OVI is a 501(c)(3) non-         |
| Address:  |   |              |   | profit<br>organization.         |
| City:   | State/Province:   |              |   | Contributions<br>are tax-       |
| Zip/Postal Code:  | Country:  |              |   | deductible as                   |
| Cell Phone:   | Secondary Phone:  |              |   | allowed by the tax code in your |
| email address: *  |   |              |   | country.                        |
| Opera company supported:  | Opera company supported:  |              |   |                                 |
| * Please provide an email address so that we may send you our newsletters and provide periodic updates regarding opera  |   |              |   |                                 |
| volunteerism. OVI will not give away, trade, or sell your email address to any individual or company.   |   |              |   |                                 |
| Membership           □         \$25         STUDENT           □         \$60         PATRON           □         \$100         DUAL PATRON           □         \$175         GRANTOR           □         \$250         BENEFACTOR           □         \$500         SPONSOR           □         \$1,000         AMBASSADOR           □         \$2,500         DONOR           □         \$5,000         SUSTAINER           □         \$10,000         LIFETIME | Membership Benefits e-Newsletter, Directory, Invitations Newsletter, Directory, Invitations Same household, joint Directory listing ++ Add single admission to OVI Conference Grantor Event ++ Add guest admission to OVI Conference Grantor Event ++ Add OVI publication ++ Add OVI Newsletter recognition ++ Add Dual Membership and Lifetime membership track ++ Same as Donor, with our deepest gratitude All of the above, |              | Member Preferences  ☐ I would like to receive a mailed newsletter as well as the email newsletter.  ☐ I would like to receive a mailed member directory as well as the emailed PDF file.  ☐ I would like to become more involved with OVI. Here are my interests: |                                 |
| \$Additional Tax Deductible Contribution    My check made payable to Opera Volunteers   |   |              |   |                                 |
|   |   | Card number  | Expiration Date   |                                 |
|   |   | Name on card | Security Code (C  |                                 |
|   |   | :Signature   | Zip Code on card  |                                 |

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## JOIN BY MAIL

Send the completed form with your payment to:
Opera Volunteers International
Dianne Schemm, Treasurer
14410 S. Alden Ct.
Olathe, KS 66072

## **RENEW ONLINE** on OVI's secure website:

www.OperaVolunteers.org Click on "JOIN/RENEW MEMBERSHIP", then scroll to "JOIN OR RENEW AS AN INDIVIDUAL" You can pay by credit card or PayPal.