****Membership Application

(Valid September 1, 2022 – August 31, 2023)

Check one:

**PATRON**

\_\_\_\_ **LEGACY CLUB**: For a contribution of $2,000 or greater, you will receive eight season tickets

\_\_\_\_ **ANGEL**: For a contribution of $1,500 to $1,999, you will receive six season tickets

\_\_\_\_ **BENEFACTOR**: For a contribution of $1,000 to $1499, you will receive five season tickets

\_\_\_\_ **GUARDIAN**: For a contribution of $750 to $999, you will receive four season tickets

\_\_\_\_ **SPONSOR**: For a contribution of $500 to $749, you will receive three season tickets

\_\_\_\_ **DONOR**: For a contribution of $250 to $499, you will receive two season tickets

\_\_\_\_ **FRIEND**: For a contribution of $ 125 to $249, you will receive one season ticket

**MEMBER**

**\_\_\_\_ $50.00 Family**

One household - up to 2 adults and all children who are under the age of eighteen (18), twenty-two (22) if a fulltime student or on active duty in the military

**\_\_\_\_ $25.00 Individual**

An individual who is eighteen (18) years old or older

**\_\_\_\_ $ 10.00 Student**

An individual who is under the age of twenty-two (22) and is a fulltime student

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| --- | --- | --- | --- | --- |
| First Name: | | Last Name: | | |
| Phone: | | E-mail Address: | | |
| Mailing Address: | | | | |
| City: | State: | | Zip Code: | |
| **Patron or Family Membership ONLY**  Adult #2 First Name: | | Last Name: | | |
| Phone: | | E-mail Address: | | |
| Children:  First Name(s): | | Last Name(s): | | Age(s) |

Players use only:

|  |  |
| --- | --- |
| finance |  |
| mailing |  |
| membership |  |

Remit Form and Payment to:

**Community Players**

**PO Box 2431**

**Salisbury, MD 21802**

Questions? E-mail us at: membership@cposmd.com