

**Name and Address (please complete the information below).**



\_\_\_\_\_  
Name(s) as you wish them to appear in the program Phone

\_\_\_\_\_  
Address City State Zip

**Choose Your Membership Level:**

**Bronze \$50**    **Silver \$150**    **Gold \$250**    **Platinum \$500**

Enclosed is a check    Please charge my MasterCard or Visa # \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ Billing Zip Code # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV (last 3 or 4 numbers on the back of the card# \_\_\_\_\_ Name on card: \_\_\_\_\_

Signature X \_\_\_\_\_ *Please return by mail to: AOB PO BOX 3395, Escondido, CA 92033*

*Drop off at rehearsal or fax to 760-480-1966*

*A representative will contact you regarding any benefits or complimentary ads upon receipt.*

*Please include an e-mail address: \_\_\_\_\_*

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