

JOIN US FOR OUR 2016/2017 SEASON

Online: www.tactnyc.org

By Mail: Send completed form to:
**TACT 900 Broadway,
 Suite 905
 New York, NY 10003**

By Phone: **212-560-2184**

Weekdays 8:00am - 12 midnight
 Weekends 8:00am - 11:30pm

ARE YOU A RENEWING MEMBER?

Renewing members get the best deals! If you're a renewing member, you should have already received a renewal notice inviting you to re-subscribe. If you HAVEN'T received one, you can still call the **TACT OFFICE** to renew (212-645-8228). Be sure to have your Member Number handy.

Any questions or concerns? Call the TACT Office - 212 / 645-8228

TACT MEMBERSHIP PRIVILEGES

- › Exclusive Access to Salon Series for you AND your guests
- › Post performance discussions and receptions
- › Invitation to the TACT Gala
- › Priority seating/booking - early access to best seats in the house
- › Unlimited Ticket Exchange - with 24 hours notice
- › Guest ticket
- › Email Updates, reminders, and Special Discounts

Contact the **TACT Membership Hotline** (212-560-2184) for all services including:

- › Purchasing your membership
- › Book your seats
- › Scheduling performance dates
- › Discounted guest tickets
- › Changing dates

MEMBERSHIP

\$175 x _____ = \$ _____ **FULL MEMBERSHIP \$175**
 1 Ticket to each Mainstage production
 All 4 Salon productions (members only)
 All Member Privileges

\$112 x _____ = \$ _____ **MAINSTAGE PLUS MEMBERSHIP \$112**
 1 Ticket to each Mainstage production
 Your choice of 1 Salon production (members only)
 All Member Privileges

* SPECIAL PACKAGES!

\$230 x _____ = \$ _____ **FULL PREFERRED SEATING \$230**
 1 Ticket to each Mainstage production WITH PREMIUM SEATING.
 All 4 Salon productions (members only) WITH RESERVED SEATING.
 All Member Privileges

\$70 x _____ = \$ _____ **TACT SAMPLER \$70**
 1 Ticket to One (1) Mainstage production
 1 Ticket to One (1) Salon (members only)
 All Member Privileges

Tax Deductible Contribution = \$ _____
 Ticket Sales only cover a small portion of our expenses. Please consider supporting TACT with an additional contribution.

GRAND TOTAL = \$ _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Day Phone _____ Evening Phone _____

PAYMENT METHOD

Check enclosed, payable to **TACT** Mastercard Visa AmEx

Card Number _____ Exp Date _____ Verif. Code (required) _____

Signature _____ Billing Zip Code _____

My Employer: _____ will match my gift.

My matching form is enclosed. I have registered my gift with my company.