



Uptown Theatre
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"SUPER STARS"
MEMBERSHIP APPLICATION

Contact Information

Name	
Mailing Address	
City ST ZIP Code	
Contact Phone #	
E-Mail Address	

Credit Card Information

Name of Card Holder	
Billing Address	
City ST ZIP Code	
Credit Card #	
Card expiration #	

"SUPPORTING ACT" Level Membership \$100 Annually: YES / NO INITIAL_____

"HEADLINER" Level Membership \$500 Annually: YES / NO INITIAL_____

APPLICANT SIGNATURE _____

Please mail, fax or email your completed application to the attention of Cynthia Langlois-Yallop



Office Use Only

Date of Membership Activation	
Date of next Membership Renewal	

MMBEMLST _____

MMBLST _____

MMBGDS _____