



Uptown Theatre
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cynthia@uptowntheatrenapa.com

"SUPER STARS"
MEMBERSHIP APPLICATION

Contact Information

Name	
Mailing Address	
City ST ZIP Code	
Contact Phone	
E-Mail Address	
2nd E-Mail Address	

Credit Card Information

Name on card	
Mailing Address	
City ST ZIP Code	
Credit Card #	
Card expiration #	

SUPPORTING ACT: YES / NO **APPLICANT INITIAL** _____

HEADLINER: YES / NO **APPLICANT 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 Membership Renewal	

EMLST _____

MMBLST _____

MMBGDS _____