



JOIN THE BIBLE STORIES THEATRE (BSTFPA)
FRIENDS OF THE ARTS FAMILY

GET YOUR MEMBERSHIP CARD TODAY!



BIBLE STORIES THEATRE

OF

FINE & PERFORMING ARTS

107 S. West Street, Suite 527,
Alexandria, VA 22314

Phone: 1.800.892.5802 or E-Mail: development@biblestories theatre.org

"Fighting against Illiteracy since 2003"

APPLICATION FOR MEMBERSHIP

EXCLUSIVE FOR:

**JUMPPIN 4 JESUS DOUBLE DUTCH TOURNAMENT
2010-2011 SEASON**

SAVE UP TO 50% ON TICKET PRICES.....

...and registration fees for up-coming workshops, stage productions, sports events, and Festivals; plus products and services at participating BSTFPA sponsored events. Why wait? Get your own personalized **Membership Card** by joining Bible Stories Theatre Of Fine And Performing Arts [BSTFPA] today!

... BSTFPA Membership Fees:

New Member teams will receive "Application for Membership" forms or BSTFPA brochures for their members who can choose to become J4J TEAM MEMBERS (\$20.00/12 months), Individual Members (\$26.75/12 months) or Family Members (\$42.80/12 months). Discounted Family subscriptions (\$37.45 couple/12 months) and Student Subscriber (high school, post-secondary or adult education students 16.05/12 months) options are also available. Subscribers and Individual Members pay directly to BSTFPA and receive the quarterly *Newsletter* and the BSTFPA **Club Card** with all the personal benefits listed on the application form.



JUMPPIN' 4 JESUS Membership Application

Membership to the ***JUMPPIN 4 JESUS*** Tournament constitutes an **Individual Membership** to BSTFPA for a full 12 month period at a fee of **\$20.00**.

An Individual Membership entitles you to vote at all BSTFPA meetings, a personalized ***BSTFPA Member Card*** for member benefits, including **privileged rates on box office, event and workshop registration and purchase prices. direct mailings of all Member information, including the quarterly *Newsletter*.**

For Office Use Only:
League: _____
Photo: _____
Pymt Method: _____

Name: _____ J4J Registration # _____

Mailing Address: _____

_____ Postal Code: _____

Phone (h) _____ (w) _____ Fax _____

E-mail: _____

Credit Card # _____ Expire Date: _____ (only if mailing or faxing application form in - [otherwise go to online secure-payment form linked here](#))

Signature: _____ Date: _____