

East Bay Opera League

Membership form

Date: _____

Name	
Street Address	
City, State and zip	
Phone Number	
Email Address	

How did you hear about EBOL?

You are a:

- Musician**
 Teacher
 Opera/Classical Music Lover
 Opera Company Rep. Which one? _____
 Other _____

Did you include your annual dues of \$50?

Please mail this form and check made out to EBOL to

**EBOL Membership
3871 Piedmont Ave
Oakland, CA 94611**