

MISSION STATEMENT

- To foster community interest in music, especially opera
- To promote friendship among music lovers
- To provide charitable, educational, and cultural projects for the public
- To devise fundraising in order to bring better opera to the community
- To function as an affiliate of the Florida Grand Opera



THE BROWARD CENTER
FOR THE
PERFORMING ARTS
WWW.THEOPERASOCIETY.ORG

Barbara Parent
The Opera Society
705 S.E. 5th Court
Fort Lauderdale, FL 33301

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL STATEMENT MAY BE OBTAINED BY CALLING TOLL-FREE (800.435.7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. STATE OF FLORIDA SOLICITATION #CH3662. FLORIDA GRAND OPERA RETAINS 100% OF YOUR MEMBERSHIP CONTRIBUTION.

THE OPERA SOCIETY



An Affiliate of the Florida Grand Opera



www.theoperasociety.org





Through a variety of social events and gatherings, **THE OPERA SOCIETY** offers members captivating entertainment, as well as education and enrichment opportunities.

GUESS WHO'S COMING TO DINNER

These highly acclaimed annual events feature elegant dinners in private homes.

MEMBERSHIP EVENTS

Throughout the year, The Opera Society hosts exclusive member events in the community.

LYRICAL LUNCHEONS

These entertaining and informative events feature the artistic talents of Florida Grand Opera's Studio Artists.

IN-SCHOOL OPERA PROGRAM

In cooperation with the Young Patronesses of the Opera, this program encourages a love of opera and promotes music/opera education for young people. More specifically, this program brings age-appropriate opera programs to local schools throughout the academic year.



Membership Application

- Renewal New Member Life Member (\$1000)
 Regular Member (\$50) Supporting Member* (\$100) Corporate Member* (\$250)
 Board Member (By Invitation Only - add \$100) Student Member (\$20) Student ID req'd
**Denotes special designation in the Membership Directory*

Please circle one:

Mr. Mrs. Miss Ms. Dr.

Name _____

(As you want it to appear in the membership directory)

Name of Spouse _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Fax _____ Email _____

Alternate Address _____

City _____ State _____ Zip _____

Please make checks payable to The Opera Society.

Please charge my credit card Discover Amex Mastercard Visa

Card# _____ Exp _____

Credit Card Zip Code _____ CVV Code _____ Total \$ _____

Cardholder Name _____ Signature _____

Mail to: **Barbara Parent, The Opera Society**
705 S.E. 5th Court, Fort Lauderdale, FL 33301
or