



Blemf

Blemf Office

P.O. Box 734

Bloomington, IN 47402

Blemf

Membership Program

The Bloomington Early Music Festival is offering its loyal audience a variety of creative incentive membership packages. Our new annual membership program replaces our quarterly request for donations.

BLEMF's mission is to provide many wonderful concerts and festivals. We're also diligently expanding our educational programs and actively seeking music student support.

We hope that you will become a member today! Come and join in the music...

BLOOMINGTON EARLY MUSIC FESTIVAL

P.O. BOX 734

BLOOMINGTON, INDIANA 47402

(812) 331-1263

EMAIL: office@blemf.org

www.BLEMF.org

Membership Levels

Principle Chair \$100 to \$249

- Listed in program materials
- Receive printed newsletter
- 2 tickets to annual membership concert

Concert Master \$250 to \$999

- All above benefits plus...
- CD
- Listed as organizational supporter

Honors Circle \$1000 to \$2499

- All above benefits plus...
- Personal invitation to Gala and Festival
- Listed as an Education Event Sponsor
- Offered ad space in Festival Booklet

Composers Circle \$2500 and up

- All above benefits plus...
- Recognized in all BLEMF media materials
- Recognized as Festival Event Sponsor
- Businesses receive full page ad in Festival Booklet
- Collection of CD's
- Recognition on Festival Posters

Performing Members

For Performing Students

BLEMF's first mission was to support emerging early music artists. All EMI students are eligible to choose performing membership, and will be listed in all printed materials and have access to concert events.

BLEMF always needs volunteers to help with on going projects and events. If you want to help, please contact blemfema@gmail.com

Members Information

I want to become a member.
(check one)

- Composer Circle
- Honors Circle
- Concertmasters
- Principal Chair
- Performing Member

Enclosed is my tax deductible contribution for \$_____

Please make check payable to BLEMF.

Credit Card: MC or Visa \$_____

#_____ exp._____

Print the name that appears on card.

Name:_____

Address:_____

City, State, Zip:_____

Day Phone:_____

E-mail:_____

Yes, I would like to be a member now.

I want to be billed for \$_____

in January of 2009.

Mail To: BLEMF Office

P.O. Box 734

Bloomington, IN 47402