



## AMBASSADORS

**Congratulations on becoming an Ambassador of the Kauffman Center for the Performing Arts. You are essential to our mission and we are deeply grateful for your commitment to our organization. To help us learn more about you and your community involvement, please complete the form below. We respect your privacy and will not share your information with others.**

*\* Please note that all Ambassador correspondence is done by email, therefore it is very important that we have a current email address for you.*

### MEMBERSHIP FORM

#### CONTACT INFORMATION (PLEASE PRINT LEGIBLY)

Informal Name: (ex. Mary Smith)

Formal Name: (ex. Mrs. Mary A. Smith)

Spouses Full Name: (ex. Mr. John M. Smith)

Day Phone:

Home Phone:

Cell Phone:

Home Address:

City:

State:

ZIP Code:

**\* Email Address:**

Would you like to subscribe to our monthly e-newsletter?    YES                      NO

Occupation:

Name of Business or Organization:

Address of Business or Organization:

City:

State:

ZIP Code:

#### AMBASSADOR LEVELS

At which level are you interested in joining?

\_\_\_\_\_ Ambassador (\$50 Individual)

\_\_\_\_\_ Key Ambassador (\$250 individual or dual, two members in the same household)

\_\_\_\_\_ Legacy Ambassador (\$1,000, individual or dual, two members in the same household)

#### DUES PAYMENT

\_\_\_\_\_ I have enclosed a check for \$\_\_\_\_\_.  
(make checks payable to Kauffman Center for the Performing Arts Ambassadors)

\_\_\_\_\_ I will pay by credit card    \_\_\_\_\_ Visa    \_\_\_\_\_ Master Card    \_\_\_\_\_ Discover    \_\_\_\_\_ American Express  
\_\_\_\_\_ credit card number    \_\_\_\_\_ name as it appears on credit card  
\_\_\_\_\_ Amount charged on credit card    \_\_\_\_\_ expiration number    \_\_\_\_\_ security code on back

#### DONATIONS

\_\_\_\_\_ I am joining and would like to make a donation to the Ambassador Education Fund.

\_\_\_\_\_ I am not interested in joining at this time, but would like to make a donation to the Ambassador Education Fund.

**DONATION PAYMENT**

\_\_\_\_\_ I have enclosed a check for \$\_\_\_\_\_.  
(make checks payable to Kauffman Center for the Performing Arts Ambassadors)

\_\_\_\_\_ I will pay by credit card \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_ American Express  
\_\_\_\_\_ credit card number \_\_\_\_\_ name as it appears on credit card  
\_\_\_\_\_ Amount charged on credit card \_\_\_\_\_ expiration number \_\_\_\_\_ security code on back

**SPECIAL SKILLS**

Please check all that are applicable:

\_\_\_\_\_ Computer Skills (MAC or PC) \_\_\_\_\_ Administrative Support  
\_\_\_\_\_ Calligraphy \_\_\_\_\_ Public Speaking  
\_\_\_\_\_ Photography (Expert hobbyists to professional level photographers) \_\_\_\_\_ Fundraising  
\_\_\_\_\_ Addressing & Mailings \_\_\_\_\_ Typing

**COMMITTEES YOU WOULD BE INTERESTED IN JOINING**

Please check the committees you are interested in.

\_\_\_\_\_ Outreach \_\_\_\_\_ Social / Hospitality \_\_\_\_\_ Membership  
\_\_\_\_\_ First Friday Events \_\_\_\_\_ Fundraising  
\_\_\_\_\_ Ballet Events \_\_\_\_\_ Publicity  
\_\_\_\_\_ Opera Events \_\_\_\_\_ Docent  
\_\_\_\_\_ Symphony Events \_\_\_\_\_ Usher

What business, organizations or groups are you involved with and at what level are you involved? (You may complete this on the back of form or attach resume)

Do you belong to a social web site? (ex. Face Book, My Space or LinkedIn)

List other community activities:

Do you subscribe to or attend performances of our resident companies?

\_\_\_\_\_ Kansas City Symphony \_\_\_\_\_ Kansas City Ballet \_\_\_\_\_ Kansas City Lyric Opera

Do you subscribe to or attend performances of other local arts organizations?  
If so, which ones?

Are you a donor to the Kauffman Center for the Performing Arts? YES NO

Have you attended an Ambassador orientation? YES NO

**OPTIONAL INFORMATION**

We are sincere about engaging Ambassadors who reflect the diversity of Greater Kansas City. We want to ensure all communities are represented and able to participate in making the Kauffman Center a reality. *Your individual information will be kept confidential and not shared with others. Composite information of Ambassadors may be aggregated, reported in grants or shared with our board and others that ask us to demonstrate our commitment to diversity. Please feel free to decline responding, if you prefer.*

Date of Birth:

Ethnicity:

If you would like to recommend someone to be an Ambassador, please provide us with their name and phone number or email address below. Otherwise, contact: Cheryl Spear, Membership Chair at [cspear02@msn.com](mailto:cspear02@msn.com) or call 816-668-0497.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form and payment to:**  
Kauffman Center for the Performing Arts  
906 Grand, 11<sup>th</sup> Floor, Kansas City, Missouri 64106  
816-994-7200 [KauffmanCenter.org](http://KauffmanCenter.org)