



All Renewal Memberships must be returned with payment by June 15, 2017. If not you risk losing your current seat. All seats not sold or paid for by June 15th will be advertised on iTickets.com for new membership. Please return your membership forms as soon as possible to retain your current seating. If you have questions, please give me a call at 419-569-2772.

Thank you, Barb Price - Membership Chairperson

2017-2018 Membership Form

Your Information

NAME _____

ADDRESS _____

CITY/STATE /ZIP _____

PHONE _____ EMAIL _____

Level of Membership

PRODUCER \$250 OR MORE

DIRECTOR \$200

STAR \$150

SUSTAINING \$100

BENEFACTOR \$75

PATRON \$60

NUMBER OF SEATS REQUESTED

Total Amount Enclosed

RENEWED MEMBERSHIP

NEW MEMBERSHIP \$ _____

SAME SEAT CHANGE SEAT

SEAT REQUESTED _____

* Memberships paid in excess of \$100 per seat are tax deductible contributions as allowed by law and will automatically be added to our endowment with the Community Foundation for Crawford County.

Return this form with Payment to:
 Crawford County Community Concert Association
 PO Box 504, Bucyrus, Ohio 44820

Make checks payable to: CCCCA

If you are going to pay with cash at one of the concerts please bring exact change.

PLEASE RETURN ON OR BEFORE JUNE 15, 2017

*Thank You
for Your Support*

FOR OFFICE USE ONLY	
Date Received: _____	Check Number: _____
Amount: _____	Seat: _____