



Renewal Memberships must be returned with payment by June 15, 2019. 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 memberships. 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

## 2019-2020 Membership Form

### Your Information

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE /ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

<b><u>Level of Membership</u></b>	NUMBER OF SEATS REQUESTED	<b><u>Total Amount Enclosed</u></b> \$ _____
<b>PRODUCER \$250 OR MORE</b> (per seat) _____	_____	<input type="checkbox"/> <b>NEW MEMBERSHIP</b>
<b>DIRECTOR \$200</b> (per seat) _____	_____	<input type="checkbox"/> MAIN FLOOR <input type="checkbox"/> BALCONY
<b>STAR \$150</b> (per seat) _____	_____	<input type="checkbox"/> <b>RENEWED MEMBERSHIP</b>
<b>SUSTAINING \$110</b> (per seat) _____	_____	<input type="checkbox"/> SAME SEAT <input type="checkbox"/> CHANGE SEAT
<b>BENEFACTOR \$85</b> (per seat) _____	_____	<b>SEAT REQUESTED</b> _____
<b>PATRON \$70</b> (per seat) _____	_____	

\* Memberships paid in excess of \$110 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, 2019**

<b>FOR OFFICE USE ONLY</b>			
Date Received: _____	Check Number: _____	Amount: _____	Seat: _____