



Membership Form

Your Information

NAME _____

ADDRESS _____

CITY/STATE /ZIP _____

PHONE _____ EMAIL _____

<u>Level of Membership</u>	NUMBER OF SEATS REQUESTED
PRODUCER \$250 OR MORE (per seat) _____	_____
DIRECTOR \$200 (per seat) _____	_____
STAR \$150 (per seat) _____	_____
SUSTAINING \$110 (per seat) _____	_____
BENEFACTOR \$85 (per seat) _____	_____
PATRON \$70 (per seat) _____	_____

Total Amount Enclosed \$ _____

- NEW MEMBERSHIP**
- MAIN FLOOR BALCONY
- RENEWED MEMBERSHIP**
- SAME SEAT(S) CHANGE SEAT
IF POSSIBLE

SEAT REQUESTED _____

* 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

**SHOULD YOU NEED ADDITIONAL INFORMATION,
CONTACT BARB PRICE AT 419-569-2772**

FOR OFFICE USE ONLY

Date Received: _____ Check Number: _____ Amount: _____ Seat: _____