



Renewal Memberships must be returned with payment by June 15, 2018. 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

2018-2019 Membership Form

Your Information

NAME _____

ADDRESS _____

CITY/STATE /ZIP _____

PHONE _____ EMAIL _____

<u>Level of Membership</u>	NUMBER OF SEATS REQUESTED	<u>Total Amount Enclosed</u> \$ _____
PRODUCER \$250 OR MORE (per seat)	_____	<input type="checkbox"/> NEW MEMBERSHIP
DIRECTOR \$200 (per seat)	_____	<input type="checkbox"/> MAIN FLOOR <input type="checkbox"/> BALCONY
STAR \$150 (per seat)	_____	<input type="checkbox"/> RENEWED MEMBERSHIP
SUSTAINING \$100 (per seat)	_____	<input type="checkbox"/> SAME SEAT <input type="checkbox"/> CHANGE SEAT
BENEFACTOR \$75 (per seat)	_____	SEAT REQUESTED _____
PATRON \$60 (per seat)	_____	

* 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, 2018