EL DORADO COUNTY
COMMUNITY CONCERT ASSOCIATION

Membership Application Form

2018-2019 Concert Series

Please complete this form, make your check payable to
COMMUNITY CONCERT ASSOCIATION
and return to your Concert Representative
or mail to
Community Concert Association
PO BOX 1621
Placerville, CA 95667-1621

NAME _____ PHONE: (_____) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____
(Please write "NONE" if you do not have email)

Adult Memberships @ $70.00 each	x	Number _____	=	Amount $_____
Student Memberships @ $20.00 each	x	Number _____	=	Amount $_____
Family Memberships @ $160.00 each (two adults and two K-12 students)	x	Number _____	=	Amount $_____
Donation (Tax Deductible)				Donation $ _____
			TOTAL ENCLOSED:	$ _____

Your check is your receipt. Membership cards will be mailed during September 2018.

Membership Card Name(s)
CIRCLE ONE

Please circle for each name to indicate **NEW** or **RENEWAL** and **ADULT** or **STUDENT**, and complete cardholder's name.

NEW or RENEWAL
ADULT or STUDENT _____

NEW or RENEWAL
ADULT or STUDENT _____

NEW or RENEWAL
ADULT or STUDENT _____

NEW or RENEWAL
ADULT or STUDENT _____

Concert Representative's Name/Telephone Number _____
For more information, call (530) 556-9498