



EL DORADO COUNTY  
COMMUNITY CONCERT ASSOCIATION



Membership Application Form  
2019-2020 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)

- 1. Adult Memberships @ \$70.00 each x Number \_\_\_\_\_ = Amount \$ \_\_\_\_\_
- 2. Student Memberships @ \$20.00 each x Number \_\_\_\_\_ = Amount \$ \_\_\_\_\_
- 3. Family Memberships @ \$160.00 each x Number \_\_\_\_\_ = Amount \$ \_\_\_\_\_  
(two adults and two K-12 students)
- 4. Donation (Tax Deductible) Donation \$ \_\_\_\_\_

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

Your check is your receipt. **Membership cards will be mailed during September 2019.**

**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