

Name (Please Print Clearly) _____

Address _____

City/State/Zip _____ Telephone _____

E-Mail Address _____

MEMBERSHIP

Benefactor, Sponsor, Donor, Patron members include a listing in the concert program

- _____ Benefactor \$1000 for 20 Memberships
- _____ Sponsor \$500 for 14 Memberships
- _____ Donor \$250 for 8 Memberships
- _____ Patron \$150 for 4 Memberships

INDIVIDUAL MEMBERSHIP

Adult (one ticket) \$50 ____

College Student (one ticket) \$15.00 ____ Membership

Children K through 12th grade free when accompanied by an adult(s).

Renewal _____ New _____ Enclosed is my check for: _____

Contacted by Volunteer _____

Make check payable to Gaston Concert Association. Mail to P.O. Box 2242, Gastonia, NC 28053 or to a board member. Your volunteer will contact you.

