

Gaston Concert Association

P.O. Box 2242, Gastonia, North Carolina 28053

To Our Members

Name (Please print clearly) _____

Address _____

City/Zip _____ Telephone _____

E-mail Address _____

Membership

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

_____ Benefactor \$1000 for 20 Memberships _____ Donor \$250 for 8 Memberships

_____ Sponsor \$500 for 14 Memberships _____ Patron \$150 for 4 Memberships

Individual Membership

_____ Adult (one Membership) \$45 Amount \$ _____ for _____ Memberships
Children K through 12th grade free when accompanied by adult(s)

_____ College (one Membership) \$15 Amount \$ _____ for _____ Memberships

Renewal _____ New _____ Enclosed is my check for \$ _____

Make check payable to Gaston Concert Association. Mail to P.O. Box 2242, Gastonia, NC 28053.
For additional information, call 704-867-7166.

Contacted by Volunteer _____