

THIEF RIVER FALLS CONCERT ASSOCIATION MEMBERSHIP/BENEFACTOR FORM

Name _____

Contact Person (if a business) _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone Number _____

Email Address _____

(we will not share your email address with anyone)

SEASON MEMBERSHIPS:

Adult Memberships: _____

Qty. _____ @ \$45 ea. = \$ _____

Student Memberships: _____

Qty. _____ @ \$10 ea. = \$ _____

TOTAL: \$ _____

CHECK ONE: New Renewal

FINANCIAL BENEFACTOR PROGRAM:

_____ \$1000 Sponsor

_____ \$500 Co-Sponsor

_____ \$250 Patron

_____ \$175 Donor

_____ \$125 Contributor

_____ \$75 Supporter

*Children are admitted free when accompanied by an adult member! Student memberships are only needed for children who will not be accompanied by an adult member at concerts.

TOTAL AMOUNT ENCLOSED: \$ _____

To pay by credit card, visit trfconcerts.com and click on "Membership."

FOR TRFCA USE ONLY

Payment method: Cash Check (number _____) Board Contact: _____

Other Notes: _____