



Roseburg Community Concert Association
Membership Application

Name _____ (Please also include name of each member/child)
Also For _____
Address _____ City _____ State _____ Zip _____
Home/Cell Phone _____ Email _____

Memberships:

____ Adult Members (\$55 until 6/1, \$60 after 6/1) \$ _____

____ Fulltime Students (\$20 until 6/1, \$25 after 6/1) \$ _____

____ Family: 2 adults and children 5-18 (\$125/\$135) \$ _____

Membership Subtotal \$ _____

Tax Deductible Contribution \$ _____

Total Enclosed \$ _____

Payment by: Check _____ VISA _____ Master Card _____

Card Number _____

Expiration Date _____ 3 digit Security Code _____

Card Signature _____

Contributions:

Your generous tax deductible contribution will help support the Arts in Douglas County by assisting RCCA to provide outstanding programs throughout the years and by allowing RCCA to provide scholarships to children in need so they can attend our concerts.

Please enter your contribution in the category of:

Producer (\$1000+) _____ Sponsor (\$100-\$249) _____

Benefactor (\$500-\$999) _____ Friend (\$50-\$99) _____

Patron (\$250-\$499) _____ Donor (\$1-\$49) _____

Please make checks payable to RCCA.

Mail Application to:

RCCA

PO Box 352

Winchester, OR 97495