

2025 SEASON

MEMBERSHIP APPLICATION

| Address | City/State/Zip |
|---|--|
| Phone () – Email (op | tional) |
| Please indicate membership level: SEASON MEMBERSHIPS Single / \$80 Family / \$130 SPONSORSHIPS Business Partner / \$500 + | SUPPORTING MEMBERSHIPS Single Benefactor / \$110 Family Benefactor / \$180 Patron of the Arts / \$250 Director's Circle / \$375 + |
| Family memberships in | nclude parents and children under 18. |
| All contributions over the basic single an Please mail this app | White Memorial Student Concerts \$ Indication along with your check to |

For more information, please call (530) 350-8354

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| _ | e White Memorial Student Concerts \$ |

All contributions over the basic single and family memberships may qualify for a tax deduction.

Please mail this application along with your check to

MUSIC ON THE DIVIDE • Post Office Box 1055 • Georgetown, CA 95634

For more information, please call (530) 350-8354