

New Membership(s) Only Application

(Renewing Members will be contacted by surface mail and Concert Sales Associates)

Please print out this web page and mail New Member(s) Only Application form to:

The Grand Island Concert Association

Post Office Box 1203
Grand Island, Nebraska 68802-1203
Telephone 308-382-2309

	Before July 1	After July 1	Quantity	Total
Adult Membership:	\$45.00 each	\$50.00 each	_____	\$ _____
Student Membership: <small>Kindergarten - Grade 12</small>	\$20.00 each	\$20.00 each	_____	\$ _____
Family Membership: <small>Two parents living in the home and children Kindergarten - Grade 12</small>	\$110.00 each	\$120.00 each	_____	\$ _____
Single Parent Membership: <small>One parents living in the home and children Kindergarten - Grade 12</small>	\$65.00 each	\$70.00 each	_____	\$ _____

Make Check Payable to:
The Grand Island Concert Association

Grand Total Amount Enclosed: \$ _____

Please List ALL Member Name(s) Below

Membership cards will be issued for each individual family member.

Please Check Status

_____	Title	First Name	Initial	Last Name	<input type="checkbox"/> Adult	<input type="checkbox"/> Student
_____	Title	First Name	Initial	Last Name	<input type="checkbox"/> Adult	<input type="checkbox"/> Student
_____	Title	First Name	Initial	Last Name	<input type="checkbox"/> Adult	<input type="checkbox"/> Student
_____	Title	First Name	Initial	Last Name	<input type="checkbox"/> Adult	<input type="checkbox"/> Student
_____	Title	First Name	Initial	Last Name	<input type="checkbox"/> Adult	<input type="checkbox"/> Student
_____	Title	First Name	Initial	Last Name	<input type="checkbox"/> Adult	<input type="checkbox"/> Student

Please list additional children on the back of this application form.

Date _____ Telephone (_____) _____

Payee Name _____

Address _____

City _____, Nebraska Postal Zip Code _____

Check Amount _____

Check Number _____