

**Southshore Concert Band
Honorary Membership Form**

Your contribution will make you an honorary member in good standing for one season.

PLEASE PRINT:

Name _____

Address _____

City, State, Zip Code _____

Email address to receive band newsletters _____

Band members that I know: _____

I will be an "Honorary Member" at the following level: (Check One)

_____ \$15 Bronze Member

_____ \$150 Music Supporter

_____ \$25 Silver Member

_____ \$200 Concert Supporter

_____ \$50 Gold Member

_____ \$75 Platinum Member*

_____ \$100 Conductor's Club*

Check those that apply:

_____ ***Please do not print my name in the program.***

(If this line is not checked, your name will be printed)

_____ **I prefer this to be a business membership in the name of:**

(Business or Company Name)

_____ *I do not wish to be an "Honorary Member", but please add my name to the mailing list.

Return this form and your "Honorary Member" tax deductible contribution to:

***Southshore Concert Band,
P.O. Box 939,
Bridgman, MI 49106.***

Please make your check payable to: Southshore Concert Band.

For Office use: _____ misc. _____ receipt _____ database _____ season/year