

**Sioux Falls Concerts Association
Membership Form**



4320 Ash Grove Ave Sioux Falls, SD 57103

2009-2010 Season
Sign me up!

Name _____

Address _____

City, State _____

ZIP _____

Phone _____

Email _____

NEW MEMBERS

Adult Membership \$40

Family/Grandparent Membership (2 adults and full-time students) \$87.50

Please list names of students
A _____

Student Membership \$15

RETURNING MEMBERS

Adult Membership \$80

Family/Grandparent Membership (2 adults and full-time students) \$175

Please list names of students
A _____

Student Membership \$30

I am including a gift to Sioux Falls Concerts Association. I want to keep the arts alive in Sioux Falls for years to come with this tax-deductible gift.

\$250

\$100

\$75

\$

\$

PAYMENT METHOD Cash/Checks or Credit Cards Accepted

Attached is my check for \$ _____

Visa/Mastercard (circle one)

Card Number _____

Exp Date _____

Signature _____

Total Amount \$ _____

When making your choice of payment, please know Sioux Falls concerts Association has never charged a processing fee. Sioux Falls Concerts Association pays significant fees on credit card transactions. We understand the convenience of using credit cards and please continue to do so if that is your payment choice. However, please consider an alternate form of payment to help us reduce expenses. Thank you.

Membership tickets are mailed prior to the first concert. Doors open 45 minutes prior to concert. All seating is on a first come first serve basis.

Please mail this completed form to Sioux Falls Concerts Association, 4320 Ash Grove Ave Sioux Falls, SD 57103