

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Number of \$60Season Subscriptions: \_\_\_\_\_

Are you:  New Subscriber  Renewal  Patron

**Patron Program** (your name is listed in concert programs)

- Angel: \$400 and up (4 season subscriptions)
- Benefactor: \$300 (3 season subscriptions)
- Sponsor: \$200 (2 season subscriptions)
- Associate: \$100 (1 season subscription)

Mail completed form with your check payable to:

**Hemet Concert Association**  
P.O. Box 2241, Hemet, CA 92546