

Membership Information

Name (s): _____

Address: _____

Phone: _____

Email: _____

() I prefer to remain anonymous in member listing.....

or

Name (s) as you wish to appear in program listing **if** different from above.

() I do not wish to accept tickets. Please donate my tickets to **Share the Music**. Full value of membership is tax deductible.

Annual Membership Level \$ _____

Winter Festival Benefit Tickets
of tickets _____ x \$ _____ = \$ _____

Boat House Concert Tickets
of tickets _____ x \$ _____ = \$ _____

Orchestra Concert Series Tickets
of sets _____ x \$ _____ = \$ _____

Additional Gift/Donation \$ _____

Total \$ _____

Payment

() Check enclosed payable to OCMA

() Visa

() Mastercard

Card#: _____

Exp. Date: ____/____/____ Security Code: _____

Signature: _____

Business and Corporate Support Opportunities

Businesses that support the Association and Festival make an investment in the community and their brand. We offer opportunities for companies to promote their business, and at the same time foster a vibrant tradition of arts and culture in our region. Corporate philanthropy is welcomed at any level. Please contact the OCMA staff for further details and for information on specific levels of support needed for this coming season.

By phone Credit Card:

Call OCMA office at 541.267.0938

Tuesday – Friday 10 am – 2 pm

Mail checks payable to:

OCMA, P.O. Box 663, Coos Bay, OR 97420