



MEMBERSHIP FORM

Soloist

Ensemble

Artist

Applause

Cheering

Standing Ovation

Bravo

Name: _____ Amount Enclosed: \$ _____

Address: _____
Street City State Zip

Email: _____ Phone Number: _____

Please send me information on how I can leave a Legacy Gift to the CCAC in a Will.

**Please make your check payable to CCAC – call 989-224-2429 if you have any questions.*

***All Memberships run yearly from January 1st – December 31st with membership fees due each year.*