WHITE ROCK CONCERTS MEMBERSHIP APPLICATION FORM 2024 - 2025 Season Name(s) **Renewing Member** (deadline May 31) Address New Member Postal Code Phone ____at \$180 per adult at \$60 per student (< 25 yrs) E-Mail By providing your e-mail address you are authorizing White Rock Concerts to send you specific \$_____ Total Payment due information about individual concerts in the series and about membership renewals for the following season. Your e-mail address will not be used or shared for any other purposes. Cheque enclosed (no cash accepted) NOTE : Mailed-in Membership Forms MUST include enclosure of a stamped, payable to "White Rock Concerts" self-addressed envelope for us to mail membership cards to you. Membership Enquiries to: membership@whiterockconcerts.com or PO Box 45089, RPO Ocean Park, Surrey BC V4A 9L1