



MEMBERSHIP APPLICATION FORM

2025 - 2026 Season

Name(s) _____

Address _____

Postal Code _____ Phone _____

E-Mail _____

By providing your e-mail address you are authorizing White Rock Concerts to send you specific 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.

NOTE : Mailed-in Membership Forms **MUST** include enclosure of a stamped, self-addressed envelope for us to mail membership cards to you.

Renewing Member (deadline May 31)

New Member

_____ at \$180 per adult

_____ at \$60 per student (< 25 yrs)

\$_____ Total Payment due

Cheque enclosed (no cash accepted)
payable to "White Rock Concerts"

Membership Enquiries to: membership@whiterockconcerts.com or PO Box 45089, RPO Ocean Park, Surrey BC V4A 9L1