



LCCCA MEMBERSHIP ORDER FORM

71st SEASON 2024-2025

Member	Member Price
Adults	\$100
Students *	FREE*

* Students age 5 through high-school are admitted free when accompanied by a parent or guardian.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-Mail Address: _____

Membership: New
 Renewal

Pay by: Check
 Credit Card

I would like to stay informed about the LCCCA via email.

Visa MasterCard Discover

Membership

Name	\$ _____
Name	\$ _____
Name	\$ _____
Name	\$ _____
Total	\$ _____

Credit Card #	Expiration Date	CVV
Signature		

You can also call (847) 281-5209 to place your order over the phone using your credit card. A board member will return your call.

LCCCA Rep: _____

Make check payable to **LCCCA** & send to LCCCA
 2004 Ash St.
 Waukegan, IL 60087

Note: Tickets will be available at the Will Call desk at the first concert on 09/21/24