

GOLD COAST SOCIETY

1350 E Sunrise Blvd · Fort Lauderdale, FL 33304 · 954 524-0805 · www.goldcoastjazz.org · gcjudy@bellsouth.net

2018-2019 SUBSCRIPTION RENEWAL FORM

Name: _____

Address: _____ City: _____ St _____ Zip _____

Email: _____ Phone: _____

Here is my order for 2018-19:

Make my membership (See what membership privileges in the enclosed flyer)

- \$60 Solo Jazz Club Membership (For One Person)
- \$100 Duo/Patron Jazz Club Membership (For Two Persons)
- \$250 Silver Jazz Club Membership
- \$500 Gold Jazz Club Membership
- \$1,000 Platinum Jazz Club Membership
- \$2,500 Diamond Circle Membership

Please note: Solo membership entitles you to (1) Full or Trio subscription at the member rate. Dual/Patron entitles you to (2) Full or Trio Subscriptions at the member rate.

Send me the following ticket package(s): Please include the # of subscriptions you would like to receive

- Reserve Full Subscription(s) at the member rate of \$266.00 per subscription including handling fee
- Reserve Full Subscription(s) at the \$294.00 non-member rate per subscription including handling fee
- Reserve Jazz Trio(s) subscription at the member rate of \$120.00 per Trio including handling fee
- Reserve Jazz Trio subscription(s) at the non-member rate of \$144.00 per Trio including handling fee

My Jazz Trio order is for the following *three* (3) concerts:

- | | |
|---|---|
| <input type="checkbox"/> 11/14 South Florida Jazz Orchestra with Antonio Adolfo | <input type="checkbox"/> 3/13 FIVE PLAY |
| <input type="checkbox"/> 12/5 Jason Marsalis Quartet | <input type="checkbox"/> 4/10 Carol Welsman Trio |
| <input type="checkbox"/> 1/9 Paquito D’Rivera & the Shelly Berg Trio | <input type="checkbox"/> 5/3 Tamir Hendelman Trio |
| <input type="checkbox"/> 2/13 Svetlana & The Delancy Five with Wycliffe Gordon | |

Retain my present seats or Seating request (based upon availability) : _____
Section _____ Seat Numbers _____

** Current Subscribers receive the first option for seating. New subscribers assigned the best available seats after Aug. 15.

Contact me about seating for those with mobility problems or disabilities requiring special assistance

Address _____ Apt. # _____ City _____ State _____ Zip _____

Please mail ticket to the address above if different for the address on the top of the form.

My total order including membership and tickets is for \$_____.

Enclose check to Gold Coast Jazz Society. Charge to: Visa MasterCard American Express

Name as it appears on the Credit Card Card Number Exp. Date Signature