

**2024-2025  
SUBSCRIPTION/MEMBERSHIP  
ORDER FORM**



Subscriptions & memberships purchased by credit card will be charged a 3% credit card convenience fee. All subscription orders include a \$15 handling fee.

**Subscriptions**

**Membership Levels**

<u>NUMBER OF SUBSCRIPTIONS</u>	<u>TOTAL</u>
___ Full Subscription/Member @ \$294	\$ _____
___ Full Subscription/Non Member @ \$336	\$ _____
___ Trio Subscription/Member @ \$135	\$ _____
___ Trio Subscription/Non Member @ \$159	\$ _____

___	\$60 Solo Jazz Club (discount for 1 person)*
___	\$100 Patron Jazz Club (discount for 2 people in home)**
___	\$250 Silver Jazz Club***
___	\$500 Gold Jazz Club***
___	\$1,000 Platinum Jazz Club***
___	\$2,500 Diamond Jazz Club***

\*Solo membership entitles you to (1) Full or (1) Trio Subscription.  
 \*\*Patron membership entitles you to (2) Full or (2) Trio Subs  
 \*\*\*Silver + above entitles to unlimited Full or Trio Subscriptions at the member rate.

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

- |   |   |
|---|---|
| <input type="checkbox"/> 11/13 Tuba Skinny                      | <input type="checkbox"/> 3/12 Warren Wolf Quintet |
| <input type="checkbox"/> 12/11 Bobby Watson Quartet             | <input type="checkbox"/> 4/16 Tony DeSare Trio    |
| <input type="checkbox"/> 1/8 Shelly Berg Trio + Etienne Charles | <input type="checkbox"/> 5/14 Luciana Souza Trio  |
| <input type="checkbox"/> 2/12 Michael Kaeshammer                |   |

**Current subscribers will retain their current seats. All artists are subject to change.**

\_\_\_\_\_ **I WISH TO HAVE MY SUBSCRIPTION TICKETS PRINTED AND MAILED.**  
 \_\_\_\_\_ **I WANT PAPERLESS TICKETS ON MY PHONE.**

**Payment by check:**

\_\_\_ Enclose check to Gold Coast Jazz Society for \$ \_\_\_\_\_ (Subscription(s) & Membership)

**Please charge my credit card:**    ( ) Visa    ( ) MasterCard    ( ) American Express  
 (Includes 3% transaction fee)

My total credit card order is for \$ \_\_\_\_\_ (Subscription(s)/Membership)

\_\_\_\_\_ Name on card \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_