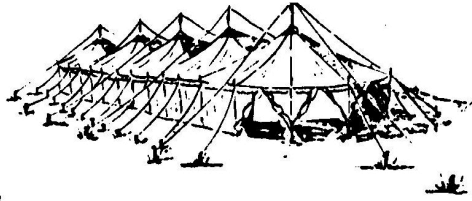


**F  
M  
C  
P**



**FMCP Membership Form**

Level: \_\_\_\_\_

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

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>2018 Membership Prices</b>		
<b>Star Level</b>	<b>Qty tickets</b>	<b>Membership cost (cash or check)</b>
<b>** Galaxy</b>	<b>24</b>	<b>\$600</b>
<b>6</b>	<b>20</b>	<b>\$300</b>
<b>5</b>	<b>16</b>	<b>\$240</b>
<b>4</b>	<b>12</b>	<b>\$180</b>
<b>3</b>	<b>8</b>	<b>\$120</b>
<b>2</b>	<b>6</b>	<b>\$90</b>
<b>1</b>	<b>4</b>	<b>\$60</b>

\*\* Free concessions & Row 1 or 3 seating

Mail Form & Check To: FMCP, PO Box 354, Fort Mill, SC 29716