



MEMBERSHIP INFORMATION 2017 - 2018

NEW MEMBER

RETURNING MEMBER *

*Please complete form and circle any changes since last year

NAME: _____

Please **PRINT** it as you would like to see it in programs.

MAILING ADDRESS: _____

Please **PRINT** Street

Town ZIP + 4 (e.g. 02474-0000 – required for Bulk Mailings)

PHONE: (Home) (____) _____

Area Code

(Work) (____) _____ Ext. _____

Area Code

EMAIL ADDRESS: _____

Please **PRINT** it very carefully. Check the box if it differs from a previous email address.

CHORALE

ORCHESTRA

VOICE PART
(Check One)

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Soprano I | <input type="checkbox"/> Tenor I |
| <input type="checkbox"/> Soprano II | <input type="checkbox"/> Tenor II |
| <input type="checkbox"/> Alto I | <input type="checkbox"/> Bass I |
| <input type="checkbox"/> Alto II | <input type="checkbox"/> Bass II |

INSTRUMENT(S):

The Philharmonic Society of Arlington is a non-profit corporation. Does your employer have a matching gifts program? If so, please provide name here _____

The following information is NOT REQUIRED, but requested so that we might make the most of the many non-musical talents and associations of our membership. Please let us know about your:

Occupation: _____

Hobbies: _____

Other memberships: _____

MEMBERSHIP DUES: \$ _____ Dues (\$100 per Individual, \$75 for each additional family member)

PLEASE CONSIDER \$ _____ Optional Tax Deductable contribution to the PSA

\$ _____ TOTAL PAYMENT

Please make checks payable to "Philharmonic Society of Arlington" or "PSA"

DATE PAID _____ PAYMENT FORM: Check Cash RECEIVED BY: _____