



# MEMBERSHIP INFORMATION 2018 - 2019

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: \_\_\_\_\_