

# MEMBERSHIP FORM



Mr.  Ms.  Mrs.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

CHECK YOUR  
AREAS OF INTEREST:

- Communications/Publicity
- Education
- Membership
- Hospitality
- a la Carte
- Young Artist Competition
- Ways & Means/Special Events
- Social Media

MEMBERSHIP LEVELS:

- Student/Senior Citizen ..... \$30
- Individual ..... \$40
- Family ..... \$60
- Life ..... \$600
- Additional Donation ..... \$\_\_\_\_\_

PAYMENT:

- Check Enclosed (*to The Association of the Louisville Orchestra*)
- Credit Card (Visa, MC, Discover, AMEX)

Card Number \_\_\_\_\_

CCV# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE MAIL COMPLETED FORM AND PAYMENT TO:

The Association of the Louisville Orchestra  
620 W. Main, Suite 600  
Louisville, KY 40202