MEMBERSHIP FORM

[Association of the Louisville Orchestra logo]

☑ Mr. ☐ Ms. ☐ Mrs.

Name

Address

City State Zip

Home Phone

Office Phone

Cell Phone

Email

MEMBERSHIP LEVELS:

☐ Student.................................$30

☐ Senior Citizen..........................$40

☐ Individual...............................$50

☐ Family.....................................$75

☐ Life........................................$750

☐ 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

CHECK YOUR AREAS OF INTEREST:

☐ Communications/Publicity

☐ Education

☐ Membership

☐ Hospitality

☐ a là Carte

☐ Young Artist Competition

☐ Ways & Means/Special Events

☐ Social Media