

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.....\$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