



Founded 1933

THE PHILHARMONIC SOCIETY OF ARLINGTON, INC.

The Arlington Philharmonic Orchestra (APO)

The Arlington-Belmont Chorale (ABC)

The Arlington-Belmont Chamber Chorus (ABCC)

MEMBERSHIP INFORMATION 2019 - 2020

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

INSTRUMENT(S)

VOICE PART	<input type="checkbox"/> Soprano I	<input type="checkbox"/> Tenor I	_____
(Check One)	<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	_____

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: _____