

ILLINOIS SYMPHONY GUILD OF SPRINGFIELD

MEMBERSHIP FORM

Membership Information: Please Print

Full Name: _____

Spouses Name: _____
(For couple memberships)

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Membership Levels (select one)

- | | |
|---|--|
| <input type="checkbox"/> Individual \$35 | <input type="checkbox"/> Contributing Individual \$70 |
| <input type="checkbox"/> Couples \$50 | <input type="checkbox"/> Contributing Couple \$100 |
| <input type="checkbox"/> Sustaining \$125 | <input type="checkbox"/> Life \$500 (payable once,
must be at least 75 years old) |

Additional Donation: \$ _____

Total Enclosed: \$ _____

Make check payable to **ISGS** and mail to:

P.O. Box 9641

Springfield, IL 62791-9641

ILLINOIS
SYMPHONY ORCHESTRA