ILLINOIS SYMPHONY GUILD OF SPRINGFIELD

Membership Form

Member Information

Full Name: _______________________________________________________

Address: _________________________________________________________

City, State, ZIP: __________________________________________________

Home Phone: _____________________________________________________

Cell Phone: _______________________________________________________

Email: __________________________________________________________

Membership: Please Select One

- Individual: $25
- Couple: $40
- Contributing Individual: $50
- Contributing Couple: $80
- Sustaining: $100
- Life: $500 (payable once, must be at least 75 years old)

Make check payable to ISGS and mail to:

P.O. Box 9641

Springfield, IL 62791-9641