Membership Application

The Officers and Members of the Jackson Symphony League extend a cordial invitation to you to become a members of the Jackson Symphony League.

To apply for membership, please complete the attached form and mail, along with your membership dues, to:

Jackson Symphony League
PO Box 3429
Jackson TN 38303-3429

We're looking forward to a fun and exciting year in the League and hope that you will be a part of it!

☐ New (never been a member) ☐ Renewal (a member last year) ☐ Reactivated (a member prior to last year)

☐ $50 Active Membership (must participate in a minimum of 3 League activities, one of which must be a fundraiser)

☐ $75 Contributing Member (financial patron/optional participant)

☐ I would also like to make a tax-deductible donation of $_____. (optional)

Preferred method of contact: __ Email __ Mail __ Phone

Member Name (Please print—Information will be printed in directory as you indicate here)

Spouse's Name

Address • City • State • Zip

Home Phone | Cellular Phone | Email Address

Work Phone | Under whose name are your season tickets purchased? | Invited by (League Member)

LEAGUE ACTIVITIES

We invite you to become an active member of the League.
Please indicate your special interests and talents by checking the appropriate boxes below.

Refreshments: ☐ Orchestra Rehearsal ☐ Meetings ☐ Receptions ☐ Fundraisers
Office Help: ☐ Mail-outs ☐ Computer ☐ Telephone ☐ Ticket orders
Ushering: ☐ Christmas Gift to the Community ☐ School Concerts

I am interested in serving on the following committee (s)

☐ Fund-raisers ☐ Symphony Ambassadors ☐ Newsletter ☐ Telephone ☐ Membership
☐ Educational Projects ☐ Publicity ☐ Hospitality (refreshments for musicians)

Talents and Skills: ☐ Decorating ☐ Art Work ☐ Photography ☐ Computer ☐ Other _____

☐ I would be willing to host a meeting in my home.

Please make check payable to the Jackson Symphony League and return it along with a completed form to the Jackson Symphony office.

Please send a Symphony League brochure to the following:

Name

Street Address

City • State • Zip

My child would like to participate as a Symphony Ambassador

Name

School and Grade

Address if different from above

Ambassador's Email Address