

# Associate Membership Application

Mr. / Mrs. / Miss \_\_\_\_\_ Spouse Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

I hereby apply for Associate Membership in the Detroit Theater Organ Society. I understand that the annual membership fee is \$140.00 and that it is due no later than January 1st of each year.

I understand that as an Associate Member in good standing that I do not have voting rights at any Society business meetings and that I shall have the following privileges:

- A.) Attend concerts and programs offered by the Society by showing my membership card at the door.
- B.) Bring up to 3 persons as my "guests" with me to concerts and programs offered by the Society at no charge by showing my membership card at the door.

I agree to abide by and comply with the Society's Constitution, By-Laws and Operating Policies. I certify this with my signature on this application.

I understand and agree that this application is submitted for consideration and acceptance by the Board of Directors of this Society. If it is accepted, I agree to pay the annual dues as required to maintain my membership in good standing for at least one year from the acceptance date.

This application will be reviewed at the regularly scheduled Board of Directors meeting following receipt of the application.

\_\_\_\_\_  
Signature / Date

Would you be interested in one or more of these volunteering opportunities?

- |                                      |  |   |                                     |
|--------------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Concessions   | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Publicity  |
| <input type="checkbox"/> Security    | <input type="checkbox"/> Clerical Help | <input type="checkbox"/> Board Member         | <input type="checkbox"/> Membership |

Other (skills you may have) \_\_\_\_\_

I wish to receive the DTOS Newsletter via **email**.

**For Office Use Only**

Signature of Sponsoring DTOS Member \_\_\_\_\_

Signature of Officer / Director \_\_\_\_\_

Date of Acceptance as an Associate Member \_\_\_\_\_

Member Number \_\_\_\_\_