



**Kalamazoo Symphony Orchestra League**

**Member Registration**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Spouse/Partner** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone (H):** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Area of Interest/Skill:** \_\_\_\_\_

\_\_\_\_\_ **Member--\$50.00**  
(Annual dues payment)

\_\_\_\_\_ **Life Member--\$500.00**  
(Single lifetime dues payment)

**Please make check payable to: KSOL**

**Mail check and registration to:**

**Membership Chair**  
**Kalamazoo Symphony Orchestra League**  
**359 S. Kalamazoo Mall, Suite 100**  
**Kalamazoo, MI 49007**