



League of the Chicago Symphony Orchestra Association Application for Membership

To be completed by applicant

Mail to: The Vice President of Membership
League of the Chicago Symphony Orchestra Association
220 S. Michigan Avenue, Chicago, IL. 60604-2559

Phone: 312.294.3159 **Email:** TaghapB@cso.org

Date _____ Sponsor Name _____

Name of Candidate _____ **Spouse's name** _____
(Circle title – Dr. Mr. Mrs. Ms. Miss) *(If applicable)*

Address _____

City _____ **State** _____ **Zip** _____

Home Telephone _____ **Cell Phone** _____

E-Mail Address _____

Are you employed? _____ **Full time** _____ **Part time** _____

Business _____ **Business Phone** _____

Length of Residence in Chicago Area _____

Professional, Community, University Affiliations _____

Signature _____

Have you attended a Chicago Symphony Orchestra (CSO) performance in the past year? _____

Do you have a subscription series? _____ **Patron #** _____

Please describe your interest in orchestral music _____

Do you have any musical affiliations? _____

How did you learn about the League of the CSOA? _____

Please tell us why you would like to join the League of the CSOA? _____

What special skills do you have that you would like us to know about? _____

Please describe your present/past volunteer activities _____

***** Annual Dues: \$150 Annual Fund Donation: Minimum of \$150*****