



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: 312.294.3170 Email: StrahlA@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: \$100 ***Yearly Annual Fund Donation: Minimum \$100