

*****USE THIS FORM FOR RENEWAL*****



**SPOKANE SYMPHONY ASSOCIATES
ANNUAL MEMBERSHIP RENEWAL**

Your Annual Membership Fee is due on or before June 30, 2012.

Please make your checks payable to SSA and return in the enclosed addressed envelope. Please print clearly.

1) Mr/Dr _____

2) Ms/Mrs/Dr _____

Address _____

City _____ **ST** _____ **ZIP** _____

Home # () _____ **Cell #** _____ **Work #()** _____

Email _____ **FAX** _____

**Please be aware that the above information will appear in the membership directory as completed.
Only include the information you want printed.**

Membership Categories (please check one):

- _____ Student Member \$15
- _____ Active Member \$25 (single membership)
- _____ Couple/Family \$45 (includes children under 21)
- _____ Patron \$50 (single membership)
- _____ Patrons \$100.00 (couple membership)
- _____ New _____ Renewal

CHAPTER AFFILIATION _____ **or, help me join a CHAPTER** _____

For additional information about our chapters, please call Lucretia Pladera 509-535-0700.

Please mail the completed form to:
SPOKANE SYMPHONY ASSOCIATES
Attention: Membership
P.O. Box 365
Spokane, WA 99210
(509) 458-8733