



JSL 2019-2020 MEMBERSHIP APPLICATION

Full Name (Ms. / Mrs. / Miss / Dr.) _____

Spouse's Full Name (Mr. / Dr.) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Please Circle One: Renewing Joining (Please list who invited you) _____

MEMBERSHIP DUES: Regular Membership Dues \$35

OPTIONAL SUSTAINING LEVELS OF MEMBERSHIP:

Eddie Hodges Scholarship Foundation Trust \$10 Additional

POI/Summer Music Camp \$10 Additional

Total Paid Membership Dues: \$ _____

Sub Deb Mother? YES NO

I would like information about becoming a MSO season ticket subscriber: YES NO

I would like to help in the following areas:

Children's Concerts Media Relations Sub Deb Leadership Team

Fundraising Pepsi Pops Volunteer Symphony Ball

Membership Coffee Gust Artist/MSO Usher at Chamber

MSO Office Volunteer Spring Luncheon OTHER: _____

Please make check payable to **JACKSON SYMPHONY LEAGUE**