



Kishwaukee
SYMPHONY ORCHESTRA

Kishwaukee Symphony Associates

Membership Application

PLEASE PRINT OUT APPLICATION AND MAIL IT WITH
YOUR CHECK PAYABLE TO:

KISHWAUKEE SYMPHONY ASSOCIATES

Gretchen Moore
531 College Terrace
DeKalb, IL 60115

Name(s): _____

Name(s) as you wish (them) to appear in the KSO concert programs:

Address: _____ City: _____ Zip: _____

Telephone: _____ E-mail: _____

Please indicate your desired membership type:

Individual/\$25.00

Family/\$35.00.

May we contact you?

Yes, you may call me about helping with a special event.

No, I would prefer to receive an email.

No, I wish not to be contacted.

I am including an additional contribution of: \$ _____

TOTAL AMOUNT ENCLOSED \$ _____