

MOZART SOCIETY OF AMERICA

Membership Form

I would like to (circle one option)

Become a member

Renew my membership

Name: _____

Address: _____

City: _____ State/Zip: _____

E-mail: _____

Phone: _____ Fax: _____

Institutional Affiliation: _____

Annual dues (membership year runs from 1 July through 30 June)

Regular	\$40
Emeritus/Student (full time)	\$25
Sustaining	\$80
Patron	\$200
Life	\$1000

(Optional): I would like to make an additional contribution of \$_____ to support the activities of the Society.

To pay by check: please enclose a check in the amount of \$_____, payable in dollars to the Mozart Society of America.

To pay by Visa or MasterCard: Please complete the following payment information.

Credit card (circle one): Visa MasterCard

Number _____ Expiration date _____

Name on card _____

Billing address _____

Signature _____

Send this form (with your check, if not paying by credit card) to

Mozart Society of America, 389 Main Street, Suite 202, Malden, MA 02148.

Fax: (781) 397-8887 Email: Mozart@guildassoc.com