CHICAGO SYMPHONY
League

Application for Membership – To be completed by applicant

Mail to: **The Vice President of Membership**
Chicago Symphony League
220 S. Michigan Avenue, Chicago, IL. 60604-2559

Phone: 312.294.3159 **Email: TaghapB@chicagosymphony.org**

Please choose one:

☐ **Active Member (Dues: $150, League Annual Fund Contribution $150)**

☐ **Supporting Member (Dues: $150, League Annual Fund Contribution $250)**

Name _____ **Spouse's name** _____
(Circle title –Dr. Mr. Mrs. Ms. Miss) *(If applicable)*

Address _____

City _____ **State** _____ **Zip** _____

Home Telephone _____ **Business Phone** _____

E-Mail Address _____

Are you employed? _____ **Full time** _____ **Part time**_____

Home Phone_____ **Business Phone** _____

Sponsor's Name _____

Date _____ **Signature**_____

Have you attended a Chicago Symphony Orchestra performance in the past year? _____

Do you have a subscription series? _____ **Patron #**_____

How did you learn about the Chicago Symphony League?_____

Please tell us why you would like to join the Chicago Symphony League?

_____

What special skills do you have that you would like us to know about?

_____

*** To learn more about the League, please visit chicagosymphony.org/league

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