

# 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	\$1,000

I enclose my check in the amount of \$\_\_\_\_\_, payable in dollars to the Mozart Society of America.

I would like to make an additional contribution of \$\_\_\_\_\_ to support the activities of the Society.

Please send this form with your check to:

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

The Mozart Society of America is a non-profit organization as described in section 501c(3) of the Internal Revenue Code.