



Associate Membership, non-sponsoring

Name _____

Address _____

Phones _____

Home

Cell

Work

Email _____

Preferred address for invitations:

Mr. & Mrs. Dr. & Mr. Dr. & Mrs. Dr. & Dr. Mrs. Ms. Miss Mr.

Spouse's Name: _____

If applicable

Formal (for invitation)

Informal (optional for directory listing)

Returning Member New to RSL

Associate Membership Dues	\$ 150.00
Name tag replacement \$10	\$
Total paid today	\$

Additional financial obligations:

- Purchase minimum of one Ball ticket, or make equivalent monetary donation to the League Ball, approximate \$125-\$150, due January 1st.
- Purchase one season subscription, or the equivalent, to the Richardson Symphony during annual Orientation meeting (price varies).

If paying by Check: Please make check payable to **Richardson Symphony League**

Check # _____

If mailing, please mail to

Membership Chairman, Richardson Symphony League

PO Box 830583

Richardson, TX 75083-0583