



MEMBERSHIP FORM / RENEWAL

Please include personal information as you wish it to appear in the Symphony Guild of Corpus Christi Membership Yearbook.

LAST NAME _____

FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

SPOUSE'S NAME _____

OCCUPATION (CURRENT OR PREVIOUS) _____

AREAS OF INTEREST (Please circle):

Membership Education Special Events & Fundraising Marketing/Publicity

MEMBERSHIP CATEGORY (Please circle):

Individual - \$40

Lifetime Member - \$500

Please mail your check to:

**Symphony Guild of Corpus Christi
P.O. Box 60374
Corpus Christi, TX 78466**