

## MEMBERSHIP FORM

Thank you for joining **THE PORT HURON MUSICALE**. Your membership is very important to this service organization. To ensure that your name is listed in the membership booklet for the incoming year, which runs from June 1st to May 31st, your information must reach the Membership chairperson by July 15th. **DUES ARE \$25 per year**. Due to the requirements of our financial institution **we are unable to accept cash payments**. You may bring the **MEMBERSHIP FORM** and your check made out to **The Port Huron Musicale** to any meeting or mail to:

Nancy Nyitray, Membership Chair  
The Port Huron Musicale  
2813 16th Ave  
Port Huron, MI 48060

Questions concerning dues may be addressed to Nancy at 810-3982-6304.

### THE PORT HURON MUSICALE MEMBERSHIP FORM

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
9 digits

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Dues: \_\_\_\_\_ \$25 Check # \_\_\_\_\_ Date \_\_\_\_\_

I am enclosing an additional donation in the amount of \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Every organization depends on its membership to be effective. Please check the area(s) where you can best share your talents with The Port Huron Musicale.

#### I AM INTERESTED IN SERVING ON THE BOARD AS:

President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Treasurer \_\_\_\_\_  
Assistant Treasurer \_\_\_\_\_  
Recording Secretary \_\_\_\_\_  
Membership Secretary \_\_\_\_\_  
Chorus Representative \_\_\_\_\_  
Historian \_\_\_\_\_  
Community Foundation Representative \_\_\_\_\_  
Communications \_\_\_\_\_

#### I WOULD LIKE TO SERVE ON THESE COMMITTEES

Music Awards \_\_\_\_\_  
March Student Awards Tea \_\_\_\_\_  
Publicity \_\_\_\_\_  
Music Festival \_\_\_\_\_  
Finance and Budget \_\_\_\_\_

I sing in the Chorus \_\_\_\_\_