MEMBERSHIP FORM

Thank you for joining **THE PORT HURON MUSICALE.** Your membership is very important to this musical organization. To ensure that your name is listed in the membership booklet, your information must reach the Membership chairperson by August 15. **DUES ARE $25.** You may bring the **MEMBERSHIP FORM** and your check made out to **The Port Huron Musicale** to any meeting or mail to:

Kathleen Johnston
The Port Huron Musicale
2630 Country Club Drive
Port Huron, MI 48060

Questions concerning dues may be addressed to Kathleen at 810-300-4761.

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 their 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 HELPING WITH THE FOLLOWING

Chorus_____
Chorus Representative_____
Scholarships_____
March Student Recital_____
Summer Music Camp Awards_____
Music Festival_____
Publicity and Communications_____
Website_____
Music Librarian_____
Musicale Hour Concert Series_____

Officers
President_____
Vice President_____
Recording Secretary_____
Treasurer_____
Assistant Treasurer_____
Membership Secretary_____
Corresponding Secretary_____
Historian_____