

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 810-982-6304.

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 _____