

Membership Form

Please accept this donation of \$_____ for PSA Membership for the 2009/2010 Season

Dr. Mr. Mrs. Ms.

Name: _____

Please print your name as it is to appear in the program book.

- I would like my gift to remain anonymous.
- My retiree or current employer's matching grant form is enclosed
- Check is new address

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Work: _____

Email Address: _____

- I would like to receive PSA Email, concert reminders, etc,
- I would NOT like to receive PSA email

\$_____ check payable to Peninsula Symphony Association

Charge \$_____ to my VISA or MasterCard Card # _____

Expiration Date: _____ Cardholder's Signature: _____

PLEASE FILL OUT AND MAIL TO:

Peninsula Symphony Association
PO Box 2602
Palos Verdes Peninsula, CA 90274

For information: call 310-544-0320
Tax ID 23-7008895
www.pensym.org