



## Membership Form

Please accept this donation of \$\_\_\_\_\_ for PSA Membership for the 2010/2011 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 if 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](http://www.pensym.org)