



Dickinson Theatre Organ Society
Post Office Box 7263
Wilmington, Delaware 19803-0263

MEMBERSHIP APPLICATION

Name: _____

Street Address: _____

City: _____ State: _____ ZIP + 4: _____

E-mail Address: _____

Telephone: (Work) _____ (Home) _____

Unlisted? Yes No (DTOS *does not* give out any telephone number, except for official DTOS business.)

Type of Membership Requested:

- Single (as part of a Season Ticket); no extra charge
- Single (without a Season Ticket); \$10.00 per concert season
- Family (immediate family members at same address); \$15.00 per concert season

Please list below the name(s) of family member(s) included in your Family Membership

Other Information (optional, to help DTOS better serve you):

Your occupation: _____ Retired? Yes No

Spouse's occupation: _____ Retired? Yes No

Would you like to volunteer to help? Yes No

How did you first hear about us?

- Attended a recent concert
- Know a DTOS Member
- Belong to another theater organ society/group
- Media article
- DTOS website
- Other

**Please enclose this application with your check/money order and return to DTOS.
Make your check/money order payable to Dickinson Theatre Organ Society, Inc.**

THANK YOU FOR YOUR SUPPORT!