



MEMBERSHIP APPLICATION

Dickinson Theatre Organ Society

Questions? Please call the DTOS Office
302-995-2603

Name: _____

Street Address: _____

City: _____ State: _____ ZIP + 4: _____

E-mail Address: _____

Telephone: (Home) _____ (Cell) _____

Is your telephone number unlisted? Yes_ No_ (DTOS *does not* give out telephone numbers - for official DTOS business only.)

Membership: \$15 per concert season. One membership includes all family members living at the same address.

Amount submitted: _____ Please make check payable to *Dickinson Theatre Organ Society (DTOS)*.

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

Send this application with your check(s) or money order(s) to:

**DTOS Membership
P.O. Box 5094
Wilmington DE 19808-0094**