

*Friends Committee / Amherst Symphony Orchestra*  
**PLEASE RETURN THE TOP PORTION OF THIS FORM**

CHECK # \_\_\_\_\_

DATE RC'D \_\_\_\_\_  
 (Office use only)

Dear Fellow Member: It is time to renew your membership for the \_\_\_\_\_ concert year.

Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Miss \_\_\_\_\_  
 Ms \_\_\_\_\_

(First Name) (Last Name) (Spouse's)

Address:

\_\_\_\_\_ (Street)  
 \_\_\_\_\_ (Apt. No)  
 \_\_\_\_\_ N.Y. \_\_\_\_\_ (ZIP + FOUR)  
 \_\_\_\_\_ (City)

Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Each Member is encouraged to volunteer:

- |   |   |
|---|---|
| <input type="checkbox"/> Plant Sale<br><input type="checkbox"/> Scholarship Committee<br><input type="checkbox"/> Telephone Committee<br><input type="checkbox"/> Ushers<br><input type="checkbox"/> Mailings | <input type="checkbox"/> Baking for events<br><input type="checkbox"/> Sunday Pre-Concert Breaks<br><input type="checkbox"/> Monday Night Breaks (Sept & Jan)<br><input type="checkbox"/> Receptions<br><input type="checkbox"/> Orchestra Dinner |
|---|---|

Please check those areas in which you would help.

**PLEASE NOTE: DUES ARE \$25.**

Enclosed please find:

**\$ 25.00**      **Membership Dues**      (Our membership year is June 1 – May 31)

Your Roster may be picked up at the October Preview Luncheon.  
 Please enclose \$1.00 if you want your Roster mailed to you.

I wish to make an additional tax deductible contribution to the *Friends of the ASO*.

Total Enclosed: **Please make checks payable to ASOA Inc/FASO**  
**by September 10th for your name to appear in the Roster.**

**Mail to:** \_\_\_\_\_

**Friends Committee Membership**  
**P.O. Box 1083,**  
**Williamsville NY 14231-1083**