



Tampa Friends of The Florida Orchestra MEMBERSHIP INFORMATION

NAME			
Title	First Name	Last Nam	e
*NAME			
Title	First Name	Last Name	
STREET ADDRE	ESS		
CITY		STATE	ZIP
PREFERRED PH	IONE ndicate if Mobile or Home)	ALTERNATE PHONE_	
EMAIL			
	VOLUNTEER INTERESTS (C	<u>Circle</u> one or more below	v.)
* Fundraising *	Publicity/Marketing * Memb	er Recruitment * Compu	iter Skills
* Financial Rec	ords * Event Planning * Newsl	etter * Photography * G	reeter
If you desire a i	re: Individual \$50, Dual \$75, magnetic name badge, please mentary badges. (Dues receiv	add \$10 per badge. Patr	on members will
Make check pay	yable to: <u>THE FLORIDA ORCH</u>	ESTRA: add FRIENDS to	the Memo Line
Or pay by Credi CREDIT CARD I	it Card: NFO: PLEASE CIRCLE APPLIC	ABLE AMOUNT \$50 \$7	75 \$100 \$200
Number		Exp. Date	Security Code
Signature			

MAIL FORM TO: Lois Ancona • 1501 Doyle Carlton Drive, #210 • Tampa, FL 33602

For more information, call or text 703-909-2063