



## TOSDV ANNUAL MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE-Home \_\_\_\_\_ Cell \_\_\_\_\_

OCCUPATION \_\_\_\_\_ E-MAIL \_\_\_\_\_

FAX# \_\_\_\_\_ MEMBER OF ATOS? \_\_\_\_\_

WHAT OTHER ORGAN CHAPTERS/SOCIETIES ARE YOU A MEMBER? \_\_\_\_\_

ARE YOU A PROFESSIONAL ORGANIST? \_\_\_\_\_

DO YOU PLAY FOR PLEASURE? \_\_\_\_\_

TEACH? \_\_\_\_\_ OWN AN ORGAN? \_\_\_\_\_

WOULD YOU LIKE TO HELP WITH:

"THE LIFT" \_\_\_\_\_ ADV/PUBLICITY \_\_\_\_\_

MEMBERSHIP \_\_\_\_\_ PROGRAM \_\_\_\_\_

RESTORATION \_\_\_\_\_ OTHER \_\_\_\_\_

May we include your name, address, and phone number in our Membership list sent to our members? \_\_\_\_\_

PLEASE MAKE OUT TWO CHECK:

THE FIRST PAYABLE TO TOSDV FOR \$20.00

THE SECOND PAYABLE TO ATOS FOR \$40.00 (if not a member of ATOS and wish full member status with voting rights, ATOS will send national renewal notices based on when you sign up)

AND SEND TO:

MEMBERSHIP

TOSDV, INC.

P.O. BOX 141,

CHELLENHAM, PA 19012-0141;

All memberships will receive THE LIFT and are welcome to attend events.