



TOSDV 2015 MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP _____

PHONE-Home _____ Cell _____

OCCUPATION _____ E-MAIL _____

FAX# _____ MEMBER OF ATOS? _____

ARE YOU A MEMBER OF AN OTHER ORGAN CHAPTERS/SOCIETIES
PLEASE LIST. _____

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? _____

ANNUAL DUES ARE PAYABLE TO TOSDV FOR \$20.00
PLEASE SEND TO:

MEMBERSHIP
TOSDV, INC.
P.O. BOX 141,
CHELTENHAM, PA 19012-0141

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

If you are not a member of ATOS and wish full member status with voting rights, Please fill out the ONLINE ATOS membership application at <https://membership.atos.org/> and send a copy of the acknowledgement to tosdvinfo@verizon.net or mail it with you application.