



*The Florida Orchestra Guild
of St. Petersburg, Inc.*

MEMBERSHIP APPLICATION

NAME _____
Last Name First Name

DOUBLE NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PREFERRED PHONE _____
(Indicate if Home or Cell)

EMAIL _____

WHAT ARE YOUR INTERESTS AS A GUILD VOLUNTEER? _____

SIGNATURE _____ **DATE** _____

Annual dues are **\$40.00 Single** or **\$70.00 Double** and renewable by June 1st each year.

Please make your check payable to:

THE FLORIDA ORCHESTRA GUILD

And mail to:

Lois Ancona • 1501 Doyle Carlton Drive, #210 • Tampa, FL 33602

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