



Membership Application Membership Renewal

Renewal _____ New Member _____

Annual Membership Dues (June 1 - May 31):

\$40 – Individual

\$70 – Family

\$115 – Individual Patron

\$145 – Family Patron

Last Name _____

First Name _____

Phone _____

Email _____

Last Name _____

First Name _____

Phone _____

Email _____

Address _____

City _____ St ____ Zip _____

Email _____

Mobile Phone _____

Alt. Phone _____

Alt Address _____

City _____ St ____ Zip _____

Make check payable to: TFONSA and mail to PO Box 6301, Clearwater, FL 33758-6301

Thank you for your support of our great orchestra!