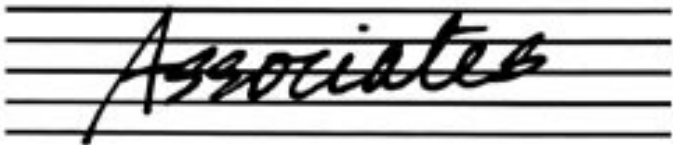


**Dues period from
July 1, 2008 to
June 30, 2009**

HONOLULU SYMPHONY



**Help us support
the Honolulu
Symphony!**

MEMBERSHIP APPLICATION

Name: _____
(include first names of all family members)

Address: _____ Home Ph: _____

City: _____ St: _____ Zip: _____ Cell Ph: _____

E-mail: _____

Annual dues: \$35 individual, \$50 family New membership Renewal

I would like to help with:

- | | |
|--|--|
| <input type="checkbox"/> Concert Previews | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Youth Concert Greeters/Guides | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Onsite Help |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Clean up |
| <input type="checkbox"/> Solicit donations | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Help at Symphony Office | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Membership | <input type="checkbox"/> History of HSA |
| <input type="checkbox"/> Phone Tree | <input type="checkbox"/> Archiving |
| <input type="checkbox"/> Concerto Competition | <input type="checkbox"/> Merchandise Committee |
| <input type="checkbox"/> Music Scholarship Auditions | <input type="checkbox"/> Annual Symphony Ball |

I am interested in being a HSA Board member Committee Chair

My computer skills include: _____

I would like to make a donation in the amount of \$ _____
to the Dora Derby Scholarship Fund to assist young student musicians.

I would like to donate \$ _____ for HSA's General Fund to support its
programs, membership events and special projects.

I / we are season tickets holders. Make check(s) payable to *Honolulu Symphony Associates*.

**For more information, call 524-0815
or e-mail SymphonyAssociates@gmail.com**

**Please mail to the Honolulu Symphony Associates
c/o the Honolulu Symphony • 650 Iwilei Rd, Suite 202 • Honolulu, HI 96817**