

MEMBERSHIP FORM

Thank you for joining **THE PORT HURON MUSICALE**. Your membership is very important to this musical organization. To ensure that your name is listed in the membership booklet, your information must reach the Membership chairperson by July 15. **DUES ARE \$25**. You may bring the **MEMBERSHIP FORM** and your check made out to **The Port Huron Musicale** to any meeting or mail to:

Nancy Nyitray, Membership Chair
The Port Huron Musicale
2813 16th Ave
Port Huron, MI 48060

Questions concerning dues may be addressed to Nancy at 810-3982-6304. If paying by cash at a meeting, please put the correct amount of money in an envelope and put your name on it. Thank you.

THE PORT HURON MUSICALE MEMBERSHIP FORM

Name _____
Last First

Address _____

City _____ State _____ Zip Code _____
9 digits

Telephone _____ Cell _____

Email _____

Dues: _____ \$25 Cash _____ Check # _____ Date _____

I am enclosing an additional donation in the amount of \$ _____

Total \$ _____

Every organization depends on their membership to be effective. Please check the area(s) where you can best share your talents with The Port Huron Musicale.

I AM INTERESTED IN HELPING WITH THE FOLLOWING

Chorus _____
Chorus Representative _____
Community Foundation Representative _____
Decorations Committee _____
Program Committee _____
Serving Committee _____
Harriett Burchill Financial Assistance Grants _____
Historian _____
Together We Sing _____
Music Awards _____
Telephone Committee Chair _____

Officer _____
President _____
Vice President _____
Recording Secretary _____
Treasurer _____
Assistant Treasurer _____
Corresponding Secretary _____
Membership Secretary _____
March Student Awards Tea _____
Music Festival _____
Telephone & Reservations Committee _____