

EACH *ACTIVE AND SUSTAINING* MEMBER OF THE FRIENDS SHALL:

Support the *Tour of Notable Homes* through the sale of at least 4 tickets and by working a three-hour shift the day of the tour. If necessary, member will find a substitute.

Support the *Symphony Gala* through the sale of raffle tickets.

IN ADDITION, EACH *ACTIVE* MEMBER SHALL:

Support the Friends-sponsored event (e.g. cocktail reception) donated as a Gala Auction item.

Participate in at least one Committee. Please indicate **first** and **second** choices:

- ___ Home Tour Ticket Sales (outlets, group/member sales)
- ___ Home Tour Raffle (donations, packaging, ticket sales)
- ___ Home Tour Activities (plant sales, florists, refreshments, demonstrations etc.)
- ___ Home Tour Print Production (program, tickets, posters)
- ___ Home Tour House Manager (staffing, coordination)
- ___ Membership (recruitment and orientation of new members)
- ___ Events (Holiday dinner, Progressive dinner, Gala-auctioned party, Finale reception)
- ___ Publicity
- ___ Administrative (mailings, directory printing, telephone chain, data base)
- ___ WSO New Year's Eve Raffle (prizes, tickets)

Please list any skills you have that would benefit the Friends (accounting, calligraphy, computer, design, event planning, funding raising, marketing, photography, writing etc.)

Would you open your home for a Friends event? (Food, drinks, china, glassware, servers and clean-up are provided by the organization.) YES ___

How many could you accommodate for cocktail, dessert, meeting or tea? YES ___

Please list names/addresses of persons to invite to new member events:

THANK YOU FOR YOUR SUPPORT!

**FRIENDS OF THE WESTFIELD SYMPHONY ORCHESTRA
MEMBERSHIP APPLICATION AND RENEWAL FORM**

MISSION STATEMENT

The goals of the organization are to promote community interest in the Westfield Symphony Orchestra, to assist Symphony management in developing an audience, and to engage in fundraising activities.

_____ Ms. Miss Mrs. Mr. Dr.
Family Name First Name/Nickname

Spouse

Street Address

_____ City State ZIP

_____ Home Telephone with area code Restrictions on time for calls

_____ FAX with area code E-mail address

Work telephone with area code (only if you wish to receive calls there)

MEMBERSHIP CATEGORIES

___	Annual Active	\$40	___	Annual Sustaining	\$70
___	Annual Family Active	\$60	___	Annual Family Sustaining	\$100
			___	Lifetime Sustaining	\$1000
			___	Lifetime Family Sustaining	\$1500

Please also fill out the second page of this form(see over), and mail with your check payable to "Friends of the WSO" to:

**Shuang Guo-Wroe
1403 Park Place
Springfield NJ 07801**