

WOMEN'S SYMPHONY LEAGUE
PO BOX 6823, TYLER, TX 75711

FOR OFFICE USE:
CHECK # _____
DATE _____
AMOUNT _____
LATE FEE REQUIRED _____
LATE FEE PAID _____
DEPOSIT NO. _____

MEMBERSHIP
Dues Deadline - May 1st

If not received by this date, late fees apply & you may not be included in the Handbook

Please make checks payable to WSL

PLEASE INDICATE CATEGORY OF MEMBERSHIP and DUES:

- | | |
|---|---|
| <input type="checkbox"/> ACTIVE | <input type="checkbox"/> ASSOCIATE \$65.00 |
| <input type="checkbox"/> NEW ACTIVE (First Year) | <input type="checkbox"/> NEW ASSOCIATE (First Year) \$65.00 |
| <input type="checkbox"/> \$50.00 before May 1 st | |
| <input type="checkbox"/> \$60.00 May 1 – June 1 st | |
| <input type="checkbox"/> \$70.00 after June 1 st | <input type="checkbox"/> ASSOCIATE EMERITUS (age 80+) dues optional |

Reinstatement of Membership applies to members whose dues are received after June 1st, and to former WSL members who are rejoining. All reinstatements after January 1st, will have Associate status.

ALL MEMBERS DUES ARE NON-REFUNDABLE

Please see the enclosed letter from Joyce Hudnall concerning the WSL Endowment Fund.

Print or Write Legibly

NAME _____
Check Appropriate Title: Mrs. _____ Miss _____ Ms. _____ Dr. _____ Hon. _____ Rev. _____ Other _____

SPOUSE _____
Check Appropriate Title: Mr. _____ Dr. _____ Hon. _____ Rev. _____ Other _____

MAILING ADDRESS _____

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

HOME PHONE _____ **WORK PHONE** _____

CELL PHONE _____

E-MAIL (please furnish / print legibly) _____

Place of Employment _____

Yes, I would be willing to help the WSL save on postage and receive my WSL Newsletter only by email at the email address listed above.

If reinstating, what was the last date of membership? _____

Other names under which your membership may have been listed: _____

Please be certain to include all completed pages in the enclosed envelope and return to:
WSL Membership, P.O. Box 6823, Tyler, TX 75711