



PITTSBURGH SYMPHONY ASSOCIATION
MEMBERSHIP FORM 2014-15

TITLE _____ NAME _____ SPOUSE _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

EMAIL ADDRESS _____

PLEASE CIRCLE: RENEWING MEMBER NEW MEMBER

I AM INTERESTED IN WORKING ON A PSA EVENT OR SERVING ON A COMMITTEE YES NO

I GIVE PSA PERMISSION TO INCLUDE MY INFORMATION IN THE DIRECTORY YES NO

Single membership \$60 \$ _____

OR

Family membership \$75 \$ _____

For family, please include information on additional family members below:

Name _____ Email _____

Name _____ Email _____

Fine Instrument Fund (optional) \$ _____

75th Anniversary contribution (\$75 optional) \$ _____

TOTAL ENCLOSED = \$ _____

Payment can be made via check payable to PITTSBURGH SYMPHONY ASSOCIATION or by credit card (complete this form or charge by phone by calling Margaret Bovbjerg at 412-404-7475). Mail form with payment to Sue Breedlove - PSA Membership, 230 Silver Creek Drive, Mars, PA 16046.

Signature _____

By signing the above, I authorize the PSA to charge my credit card for the amount above.

Credit card: Mastercard Discover Card number _____

Name on Card _____

CID (3 digit code on back) _____ Expiration _____/_____

