



SYMPHONY ORCHESTRA LEAGUE OF ALEXANDRIA

MEMBERSHIP APPLICATION

NAME(S) (For Directory): _____

NAME(S) (For mailing invitations): _____

(Note: Individual members, list only one name on each line above.)

ADDRESS: _____

HOME PHONE: _____

BUSINESS PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

(Note: List your two preferred phone numbers.)

BIRTHDAY: _____ (MONTH) _____ (DAY)

_____ (MONTH) _____ (DAY)

SOLA ANNUAL MEMBERSHIP DUES: _____ Individual (\$35)
Please check one. _____ Family (\$45)
_____ Contributing (\$50)
_____ Sustaining (\$80)

Make checks payable to SOLA and mail to:

P.O. Box 25993

Alexandria, VA 22313

I would be willing to participate in the following activities:

- ❖ _____ Annual Ball and Auction
- ❖ _____ SOLA Uncorked
- ❖ _____ Ushering at Concerts
- ❖ _____ Hospitality
- ❖ _____ Assisting in the ASO Office
- ❖ _____ Mailings and Brochures
- ❖ _____ Mary Graham Lasley Scholarship Competition
- ❖ _____ Annual Peanut Sales
- ❖ _____ Other (Please specify)