

DAIRYLAND THEATRE ORGAN SOCIETY
Membership Application & Renewal Form
(Please type or print)

MEMBER INFORMATION

Name _____

Home Address _____

City, State, Zip _____

Telephone _____

E-mail _____

TYPE OF MEMBERSHIP (January through December)

Please note that in order to enjoy the full benefits of membership in DTOS, including the right to vote on matters presented to the membership or to hold office on the DTOS Board of Directors, you must also be a member of ATOS. If you already hold an ATOS membership, you do not need to join ATOS again.

- Regular Membership (\$30.00)
- Contributing Membership (\$40.00)
- Sustaining Membership (\$60.00)
- Sponsor Membership (\$125.00)
- Patron Membership (\$350.00)
- Lifetime Membership (\$1,000.00) (one-time payment valid for the lifetime of the member)

- ATOS Membership (\$40.00)

Total Amount Enclosed \$ _____

Credit Card Number: _____

Expiration Date ____/____

We are happy to accept payment by check, money order, or credit card (Visa, MasterCard, American Express, or Discover). Please return this form together with your form of payment to:

DTOS Membership Secretary
Mr. Pete Tilemma
1541 Prairie Drive
Racine, WI 53406