



ASHEVILLE SYMPHONY GUILD

2016-2017 MEMBERSHIP FORM

Check One: New Membership Renewed Membership

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Email address: _____

Annual membership is \$60 per household. Please print, fill out and send this form with your check, made payable to the Asheville Symphony Guild, to:

**Asheville Symphony Guild
PO Box 18651
Asheville, NC 28814**

OR print and send form and charge your dues to your debit/credit card (check one):

VISA MasterCard Discover American Express

Name on card: _____ Card # _____

CVV _____ Expiration mo/year: _____ Billing zip: _____