



## MUSIC ASSOCIATES MEMBERSHIP FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**CATEGORY:**

Supporter: \$35.00

Single Patron: \$50.00

Family: \$60.00

Sponsor: \$100.00

Life: \$1000 Music Associates Endowment Fund Contribution

**VOLUNTEER OPPORTUNITIES — *Non-board Positions***

*I am interested in helping with the following:*

Candlelight Dinner Committee

Music & Magic Luncheon Committee

Membership

**ADDITIONAL SUPPORT:** *I would like to donate additional support of \$*\_\_\_\_\_

*to:*  Student Scholarships  Music Department Special Projects

other: \_\_\_\_\_

***Please return completed form and check (payable to: The Music Associates)  
mailing to:***

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