



SOUTHEASTERN ORCHESTRA
VOLUNTEER ASSOCIATION

Membership Form

I would like to join SOVA as a:

	One Year	Three Years
____ Patron	\$ 100	\$ 250
____ Individual	\$ 25	\$ 60
____ Association	\$ 50	\$ 125

To be included in the *2011 Membership Resource Directory*, dues must be received By June 30, 2011.

Note: If you have joined or paid your dues since January 1, 2011, please return form only if any information has changed.

____ **Individual** and/or ____ **Association Membership**

Name: _____

Address: _____

City: _____

State: _____ Zip _____ Birthday (m) _____ (d) _____

E-Mail: _____

Home Phone: _____ - _____ - _____

If Individual, please include formal name of local association: _____

Current Date: (m) _____ (d) _____ (y) _____

Please send this form with the appropriate check(s) to:

SOVA
7804 Fairview Road, #177
Charlotte, NC 28226-4945