



CHARLESTON SYMPHONY ORCHESTRA LEAGUE, INC.

Playing our part

Membership Application

* Please note: Starred items must be completed; this form is also available online (csolinc.org)

Application Date _____

Basic Profile Information

* First Name _____

Middle Name _____

* Last Name _____

Member Nickname _____

Member Preferred Title for CSOL® directory:

Mr. _____ Mrs. _____ Ms. _____ Dr. _____ None _____ Other _____

Primary Address, Phone and Email Address

* Street Address _____

Street Address 2 _____

* City _____ * State _____ * Zip _____

* Phone:

Home: _____ Business: _____ Mobile _____

Email Address: _____

* Birthday (MM/DD): _____ Birth Year (for statistical purposes only): _____

What is your age range (for statistical reporting only):

____ 20-30 ____ 31-40 ____ 41-50 ____ 51-60 ____ 61-70 ____ 71-80 ____ 81-90 ____ 90+

* If you are a renewing member, date you joined the CSOL: _____

(If you don't recall when you joined, please make your best guess of month and year.)

Membership Information *(see Membership Level descriptions on next page)*

This is a New Application or a Renewal for one of the following membership levels (*Please circle one*):

Active Individual Membership - \$50.00

Active Couple Membership - \$85.00

Associate Individual Membership - \$85.00

Associate Couple Membership - \$145.00

Descriptions of Membership Levels

- Active Individual and Active Couple membership
 - Volunteer service in at least two projects and/or on committees
 - Attendance at one Member event
- Associate and Associate Couple membership (lyn—please fix indentation)
 - Persons closely associated with the League, supporting its work, but unable to fulfill all requirements for active membership due to work or personal commitments

Please check one:

☐ New Member(s) or Rejoining Member(s)***

☐ Renewing Member(s)

***Rejoining Member(s) means you were not League member in the most recent year.

Please Note:

- Volunteer service by ALL members is encouraged and welcomed but it is NOT required for Associate Members.
- Couple Members (both Active and Associate) should complete this form with information for **each** CSOL® member of your household so that we have each member's unique information (i.e., mobile phone, email, skills and interests, etc.)

Members may be individuals or couples; please fill out the appropriate information below. For individual members, please provide partner/spouse information, where applicable, for social mailings. Please note that for both individual and couple members, information provided will be listed in the CSOL® Membership Directory. **It is important for ALL members to complete all information, so we may keep our records up to date.**

Spouse/Member 2 Information

Spouse/Member 2 First Name _____

Spouse/Member 2 Middle Name _____

Spouse/Member 2 Last Name _____

Spouse/Member 2 Nickname _____

Spouse/Member 2 Preferred Title for CSOL® directory:

Mr. _____ Mrs. _____ Ms. _____ Dr. _____ None _____ Other _____

Spouse/Member 2 Phone

Home: _____ Business: _____ Mobile _____

Spouse/Member 2 Email: _____

Spouse/Member 2 Birthday (MM/DD)*: _____

Spouse/Member 2 Birth Year (for statistical purposes only) _____

Spouse/Member 2: What is your age range (for statistical reporting only):

____ 20-30 ____ 31-40 ____ 41-50 ____ 51-60 ____ 61-70 ____ 71-80 ____ 81-90 ____ 90+

Date Member 2 joined CSOL® (applies to Active and Associate Member Couples; *please make your best guess if you don't recall the exact date*)

Preferred social mailing title for Member (and Spouse/Member 2, if applicable) (*examples: Mr. and Mrs. John Doe, Susie and Ray Donovan, Ms. Leslie Fayette*):

Secondary Address (if applicable)

Alternate Street Address _____

Alternate Street Address 2 _____

Alt City _____ Alt State _____ Alt Zip _____

Alternate Address Start Date _____

Alternate Address End Date _____

_____ **Yes, I would like to make an optional donation to the CSOL Scholarship**

Fund! Please either combine with your dues check or include a separate check payable to CSOL®. Enter the amount of your Scholarship Fund donation here:

\$ _____

_____ **Yes, I would like to make an optional donation to the Reyburn Fund for Private Lessons!** Please either combine with your dues check or include a separate check payable to CSOL®. Enter the amount of your donation here:

\$ _____

How did you hear about the CSOL®? Social Media____ Internet search____CSO
Bravo program____ Newspaper____Magazine____Friend____ Other (please explain) _____

CSOL Volunteer Survey - Please Share Your Talents! Skills and Experience –

Please check one of more of the following areas of interest for volunteering. **Note:** If this application is for Couple Membership, please indicate which applicants are interested in each selected interest area.

- | | |
|---|---|
| <input type="checkbox"/> Auctions | <input type="checkbox"/> Direct Sales |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Communications/Marketing |
| <input type="checkbox"/> Excel /Databases | <input type="checkbox"/> Graphic/Program Design |
| <input type="checkbox"/> Photography | |

Committees/Services

Audience Development

- ☐ Instrument Petting Zoo
- ☐ Ushering (Young People's Concerts)
- ☐ Wine with the Maestro

Communications

- ☐ Electronic (SignUpGenius, Evites, Eblasts)
- ☐ Social Media (Facebook, Twitter, Instagram, etc.)
- ☐ Keynotes Newsletter
- ☐ Marketing/Advertising/Sponsorships
- ☐ Website Design

Member Events

- ☐ Programming (Planning special member events)

Membership

- ☐ Recruitment/Orientation of New Members
- ☐ Administration (Database, Directory, Reports)
- ☐ Member Engagement

Musician Services

- ☐ Housing Visiting Musicians
- ☐ Guest Musicians Transportation

Revels (Small parties/events planned for fundraising purposes)

- ☐ Host
- ☐ Committee

Projects

- ☐ Car Sponsorship
- ☐ Gala
- ☐ Golf Tournament
- ☐ Tour of Homes

Other

- ☐ Advocacy
- ☐ By-Laws
- ☐ CSO Office Assistance
- ☐ Education and Scholarships
- ☐ Grant Writing
- ☐ Historian/Archivist
- ☐ Long-Range Planning
- ☐ Mentoring New Members
- ☐ Merchandising
- ☐ Parliamentary

If you plan to or already have subscribed to the CSO concert season, please select your subscription programs(s).

- ☐ Masterworks
- ☐ Pops
- ☐ Chamber Music
- ☐ Pick 6

Dues and Costs

| | |
|----------------------------------|-----------------|
| Membership Dues | \$ _____ |
| CSOL Scholarship Fund Donation | \$ _____ |
| Reyburn Fund for Private Lessons | \$ _____ |
| Total | \$ _____ |

**Please send your payment to: CSOL®, P.O. Box 22613, Charleston,
SC 29413**

Thank you for supporting the CSOL®!