



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.)

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

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)*:

Young Professional - \$40.00

Individual - \$70.00

Household (Two members) - \$130.00

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 in fundraising events and on committees by ALL members is encouraged.
- Household Members 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 households; 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 household 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.**

Household 2 Information

Household/Member 2 First Name _____

Household/Member 2 Middle Name _____

Household/Member 2 Last Name Household/Member 2 Nickname _____

Household/Member 2 Preferred Title for CSOL® directory:

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

Household/Member 2 Phone

Home: _____ Business: _____ Mobile _____

Household/Member 2 Email: _____

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

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

Household/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 Household 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 Household 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 or 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"/> Real Estate Experience |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Direct Sales |
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Excel /Databases | <input type="checkbox"/> Communications/Marketing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Graphic/Program Design |
| <input type="checkbox"/> Master Gardener | <input type="checkbox"/> Music Teacher |
| <input type="checkbox"/> ASID | <input type="checkbox"/> Music Major |

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
- Parliamentarian

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 Donations

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

_____ Enclosed is my check to CSOL®, P.O. Box 22613, Charleston, SC 29413

— OR —

_____ Sign me up for renew my membership and donation annually, using the same credit card.

Credit card type: _____

Name as it appears on the card: _____

Card number: _____

Expiration Date: _____

Name as it appears on the card: _____

CVV: _____

Billing address if different from Page 1 of this application: _____

Thank you for supporting the CSOL®!