

Chamber Music Society

Of
Salt Lake City

P.O. Box 58461
Salt Lake City, Utah 84158-0461
Phone (801) 561-3999
Email: cms@cmsofslc.org
Website: www.cmsofslc.org

Membership Form

2017-2018 Season

Please send: _____ Season Tickets at \$150 each \$ _____
_____ Student Season at \$30 each \$ _____

Please list me as: Contributor.....less than \$50 \$ _____
Friend.....\$50 - \$99 \$ _____
Donor.....\$100 - \$199 \$ _____
Patron\$200 - \$499 \$ _____
Benefactor \$500 - \$999 \$ _____
Sponsor.....\$1,000 or more \$ _____
Total \$ _____

**Please enclose a check OR pay online on our website
(select tab TICKETS/DONATIONS) OR charge my credit
card:**

_____ VISA _____ MasterCard

Card Number: _____

3 or 4 digit security code on back of card: _____

Expiration Date: _____

Your name – as you wish it to appear in the program:

Name: _____

Address: _____

City, State & Zip: _____

Telephone: _____

E-mail: _____