



Membership Application 2024 – 2025 Season

Date _____ New Member _____ Renewing Member _____ Single _____ Couple _____

The League of the Hilton Head Symphony Orchestra membership year runs concurrently with its organizational year - July 1 to June 30. Please join us in continuing to support the Hilton Head Symphony Orchestra in the 2024-2025 year. Your early response will facilitate inclusion in all activities - including being listed in our Directory and invited to the Sunday Musicales and the Annual Meeting/Spring Fling. League members receive first notice of our special events. **Please fill out this application and send it along with your check to PO Box 6095, Hilton Head Island SC 29938.**

Last Name _____ First _____ Spouse/Partner _____
(for couple membership)

Address (Street, Town, Zip) _____

Telephone - Member _____ Spouse/Partner _____
(for couple membership)

Email - Member _____ Spouse/Partner _____
(for couple membership)

Community (i.e. Sea Pines, etc.) _____

To include a seasonal or second address please use the reverse side of this form.

Check payable to: The League of the Hilton Head Symphony Orchestra \$50 Single _____ \$90 Couple _____
To pay by credit card (including service fee) please enter information on the reverse side of this form.

Volunteer * Make Friends * Have Fun

Please check areas of volunteer interest—explanation sheet attached

- HH International Piano Competition/Bravo Piano: Hospitality _____ Production _____ Performance _____
- Soundwaves Volunteer: Usher _____ Ticket Sales _____ Bartender _____
- Post-concert Receptions: Reception Captain _____ Food Preparation _____ Serving _____
- Musicales: Home Host _____ Food Preparation _____ Parking _____
- Symphony Under the Stars: Greeter _____ Raffle _____
- Swing Fore the Symphony Golf Tournament: Committee _____ Auction Solicitors _____ Day Volunteer _____
- Spring Fundraiser: Committee _____
- Concours d'Elegance: Golf Cart Driver _____
- Social Media: _____
- Computer Skills (e.g. spreadsheet recordkeeping, nametags) _____
- New Member Ambassador: _____

Please list below any friends whom you would like to recommend for membership

Name _____ Address _____

Name _____ Address _____

Credit Card Information for Membership Charge
Please Print Neatly

NOTE: A \$5.00 credit card service fee will be added (a \$10.00 fee added for couple)

Amount to Be Charged:

Single (\$50 + \$5) \$55.00 _____

Couple (\$90 + \$10) \$100.00 _____

Name as it appears on credit card _____

Address (street, city, state, zip) _____

Credit Card # (VISA, MASTER CARD, AMERICAN EXPRESS, DISCOVER)

Expiration (MM/YY) _____ CVV (3 Digits on Back of Card) _____

SIGNATURE _____

Seasonal or Second Address

Address (street, town, zip) _____

Phone (if specific to seasonal address) _____

Dates seasonal address is in effect _____