

DAIRYLAND THEATRE ORGAN SOCIETY

Membership Application & Renewal Form

(Please type or print)

MEMBER INFORMATION

Name: _____

Home Address: _____

City, State, Zip: _____

Telephone: _____ E-mail: _____

ATOS Member (check one) YES ___ NO ___ If "Yes", what is your ATOS Member Number?
(found on the mailing label of your *Theatre Organ Journal*.): _____

Other Chapter Affiliation: _____

How would you like to receive your copy of our monthly newsletter, the *Bartola*?

(Check one): Email ___ Conventional mail ___ (add \$17.00)

Please note that in order to enjoy the full benefits of membership in DTOS, including the right to vote on matters presented to the membership or to hold office on the DTOS Board of Directors, you must also be a member of ATOS. If you already hold an ATOS membership, you do not need to join ATOS again.

TYPE OF MEMBERSHIP (January through December)

___ Regular Membership (\$35.00) ___ Family Membership (\$65.00)

We are happy to accept payment via check, money order, or any major credit card. Please include all pertinent information detailed below.

Check/Money Order amount included: \$ _____

Send check or money order to:

**DTOS
410 E. Miller Court
Lake Geneva, WI
53147**

Secure Credit Card Information:

Name on Card: _____

Type of Card (Circle one): **Visa** **Mastercard** **Discover**

Card Number: _____

CVV (three-digit number on back of card): _____ Exp. Date: _____