

*Friends Committee / Amherst Symphony Orchestra*  
**PLEASE RETURN THE TOP PORTION OF THIS FORM**

CHECK # \_\_\_\_\_

DATE RC'D \_\_\_\_\_  
 (Office use only)

June 2016

Dear Fellow Member: It is time to renew your membership for the 2016-2017 concert year.

Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Miss \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ (Spouse's)  
 Ms \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street) \_\_\_\_\_ (Apt. No)  
 \_\_\_\_\_ N.Y. \_\_\_\_\_  
 (City) \_\_\_\_\_ (ZIP + FOUR)

Phone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 (Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Each Member is encouraged to volunteer:

- |   |   |
|---|---|
| <input type="checkbox"/> Plant Sale<br><input type="checkbox"/> Scholarship Committee<br><input type="checkbox"/> Telephone Committee<br><input type="checkbox"/> Ushers<br><input type="checkbox"/> Mailings | <input type="checkbox"/> Baking for events<br><input type="checkbox"/> Sunday Pre-Concert Breaks<br><input type="checkbox"/> Monday Night Breaks (Sept & Jan)<br><input type="checkbox"/> Receptions<br><input type="checkbox"/> Orchestra Dinner |
|---|---|

Please check those areas in which you would help.

**PLEASE NOTE: DUES ARE \$25.**

Enclosed please find:

**\$ 25.00**      **2016-2017 Membership Dues**      (Our membership year is June 1 – May 31)

\_\_\_\_\_ Your Roster may be picked up at the October Preview Luncheon.  
 Please enclose \$1.00 if you want your Roster mailed to you.

\_\_\_\_\_ I wish to make an additional tax deductible contribution to the *Friends of the ASO*.

\_\_\_\_\_ Total Enclosed: **Please make checks payable to ASOA Inc/FASO**  
**by September 10, 2016 for your name to appear in the Roster.**

**Mail to: Martha Rasmussen, 1 Fox Run Lane, Apt. 258, Orchard Park, NY 14127-3170 868-2437**