



The Orpheus Club of Philadelphia Associate Membership Application

PRINTED NAME: _____

PROPOSER: _____

DOB (mm/dd/yy) (if under 35): ____ / ____ / ____

MAILING ADDRESS:

Street Number & Name: _____

Apt Number: _____

City: _____

State & ZIP Code: _____

PREFERRED CONTACT INFO:

Telephone Number: _____

E-mail address: _____

The Associate Membership entitles the recipient to four (4) tickets to each of three formal concerts and two (2) tickets to a performance of The Twelfth Night Revels & after party at the Orpheus Clubhouse. Additional events are scheduled and priced separately. By signing this application I understand that the full year dues are \$365 (or \$275, if under 35), and I will only be billed AFTER a vote by the Singing Membership.

SIGNATURE: _____