

# SYMPHONIX

**Join today!**

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Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Referred by (if applicable) \_\_\_\_\_

**Membership Type:**

Individual membership - \$85

Couples membership - \$150

**Would you be interested in volunteering?**

Yes No

**Payment options**

Check enclosed payable to the **San Francisco Symphony**

Please charge my credit card: VISA MasterCard

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Please mail or fax membership application along with payment to:**

Symphonix  
Attn: Volunteer Council  
San Francisco Symphony  
Davies Symphony Hall  
San Francisco, CA 94102  
Fax: (415) 863-3345

For additional information, visit [www.sfsymphonix.org](http://www.sfsymphonix.org)  
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