



St. Louis Theatre Organ Society

Membership Application

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

EMAIL ADDRESS: _____

TELEPHONE: HOME: _____

CELL: _____

NEW MEMBER: _____ RENEWING MEMBER: _____

If this is a Family Membership (for all living under one roof), list all names here:

ANNUAL DUES: \$25

Mail application and check or money order to:

SLTOS

P.O. BOX 2864

St. Louis, MO 63111

Membership Matters

Need more information:

Membership Secretary

sltos.membership2@gmail.com

Do you belong to ATOS? _____ Do you own an organ? _____

Would you be willing to volunteer for a project or committee? _____

Newsletter is emailed unless you indicate here to mail it _____

Privacy is important to St Louis Theatre Organ Society, and always has been. We have developed a Privacy Policy that covers how we collect, use, disclose, transfer and store your information. Please take a moment to familiarize yourself with our privacy practices and if you have any questions, feel free to contact us at sltos.membership2@gmail.com