



# 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 names here:  
\_\_\_\_\_  
\_\_\_\_\_

Do you belong to ATOS? \_\_\_\_\_

**ANNUAL DUES: \$25**  
Mail application and check or money order to:

**Mrs. Bonita Krupp, Membership Secretary**  
**St. Louis Theatre Organ Society**  
**215 N. Morrison Ave**  
**Collinsville, IL 62234-3447**

Newsletter is emailed unless you indicate here to mail it: \_\_\_\_\_

Need more information contact Membership Secretary at:  
**sltos.membership2@gmail.com**