



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: \$25.00

Newsletter is Emailed unless you indicate here to mail it: _____

There is a \$5.00 per year charge to have Newsletters mailed.

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

DUES _____.
MAIL FEE _____.
TOTAL _____.

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