



Dear NYTOS Member,

Our records indicate that your annual NYTOS Chapter membership is expiring and that it is now time to renew your membership for the upcoming year. If you have already renewed for the current year and are still receiving this notice, please contact membership@nytos.org or call 516-448-441, as your renewal and this notice may have crossed in the mail.

Our membership levels are:

Regular- Regular membership allows voting privileges in NYTOS elections and other NYTOS matters and allows members to run for a board position. **All “Regular” members MUST also be active members of ATOS.** To join ATOS, visit www.atos.org/atos-membership

Friends of NYTOS- Friends of NYTOS are members who wish to support NYTOS but are not ATOS members. As such, Friend membership confers no voting rights nor the opportunity to run for a board position.

Student- Students 6th grade to 12th grade. Student members receive all the benefits of a Friend membership but at a discounted rate.

If you wish, you can provide an additional donation with your membership and apply it to a specific NYTOS project. All additional donations above membership are tax-deductible. **To make your renewal go even further, please consider saving paper and postage by renewing online at www.nytos.org/membership.**

We cannot continue the music without your support of NYTOS. We look forward to seeing you at an upcoming event!

Best,
Dan Minervini
Membership Secretary
membership@nytos.org

Membership Renewal Form

_____ Regular	\$20	<i>Voting member of NYTOS-Requires ATOS membership</i>
_____ Friends of NYTOS	\$20	<i>Non-voting member of NYTOS-Not a member of ATOS</i>
_____ Student	\$10	<i>Non-voting member of NYTOS-For students grade 6-12</i>

I would like to include a donation of \$_____ to further support NYTOS activities and projects.
(Please indicate from the following below)

Bardavon _____; Lafayette _____; Middletown Paramount; _____ Allen Touring Organ _____;

NYMA _____; Education Program _____; Other _____

Total amount: \$_____
Membership and Optional Donation

Name _____ Address _____

City/State _____ ZIP _____ Phone _____ Age (optional) _____

Email _____

Please mail check or money to

NYTOS
367 Windsor Hwy #433
New Windsor, NY 12533