



Membership Renewal Form

Name _____ Address _____

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

Email _____

_____ 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 below)*

Bardavon _____

Lafayette _____

Middletown Paramount _____

Allen Touring Organ _____

Education Programs _____

General Fund _____

Total amount: \$ _____

Membership + Optional Donation

Checks (please do not enclose cash) should be made out to *New York Theatre Organ Society* and mailed to:

New York Theatre Organ Society

367 Windsor Hwy #433

New Windsor, NY 12533

Questions? membership@nytos.org