

Columbia River Theatre Organ Society
3439 N.E. Sandy Blvd, # 259
Portland, OR 97232

Membership Application – Please Print



Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

Telephone (____) _____ Email _____

Benefits Of Membership include our monthly *Clarion* newsletter, invitation to social events, and discount tickets at some events. You will receive a copy of our bylaws and membership discounts apply to persons in your household named below. Co-membership in the American Theater Organ Society (ATOS) entitles you to 1 vote in all elections and matters of business presented by the Board Of Directors for a vote. Associate membership (for non-ATOS members) offers the same benefits except for voting. Membership also entitles you to other rights and privileges as described in our bylaws. Please email any questions to info@crtos.org.

Rates: New Member Dues are \$22 per calendar year, \$11.00 on or after July 1, or if on or after Oct. 1, \$22 through the end of the following year. Please make checks payable to Columbia River Theater Organ Society. Additional gift amounts are greatly appreciated. Please indicate allocation of your payment:

Regular Dues: \$ _____

Contributions: \$ _____

Memorial Scholarship Fund _____

Beverly Ruth Nelson Memorial Organ Fund _____

Unrestricted Donation..... _____

Total: \$ _____

Are you a member of ATOS? Yes _____ No _____

Who else in your household would like to be included in a family membership?

Please mail this form and your payment to the address at the top of this page, and THANK YOU!

Additional Information

If you like, you can use the space below to tell us a bit about yourself – do you play the organ, what instrument(s) you have, if you would like to participate in organ building projects, or whatever you think might be useful for us to know:
