



ORGANIZATION MEMBERSHIP ANNUAL DUES

One-year membership beginning October 1, 2010

2010-2011 INVOICE

Benefits of Membership

- Annual Directory of Members
- Reduced Rates at Conference, Webinars and Workshops
- Technical Assistance Consultations
- ACSO Newsletter and other Mailings Sent to Organization and Trustees
- Job Announcement Postings
- California Concert Calendar Listings
- Advocacy Network and Constituent Forums
- Information Services and Resource Materials
- Direct Links to your Web site and E-mail from ACSO's Web site

Select Your Membership Level By 2009-10 Budget:

- \$7.0 million plus \$2,300
- \$3.5 million - \$6.9 million \$1,200
- \$1.0 million - \$3.49 million \$800
- \$500,000 - \$999,999 \$600
- \$300,000 - 499,999 \$400
- \$150,000 - \$299,999 \$220
- \$149,999 & under \$175
- Youth Organizations \$150
- College & University Orchestras \$150
- Leagues & Guilds \$150
- Business/Corporations \$250

Festivals, chamber orchestras, presenters, choruses and non-profits determined by budget (use the above scale).

MARK YOUR CALENDAR!
43RD ANNUAL CONFERENCE
PASADENA, SUMMER 2011

The information above is correct Updated information below

Please complete the following for the Directory of Members:

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(DAY) _____ FAX _____

E-MAIL ADDRESS _____

WEB SITE ADDRESS _____

MUSIC DIRECTOR _____

If your organization does not have staff, please use your president's name:

CEO _____

CEO TITLE _____

*Organization's current year budget \$ _____

Organization's date of incorporation (month/year) _____

Number of seats in your Hall _____

*Number of concerts this season _____

Hall name _____

New Member Renewing Member

**Must fill out these field*

Please complete all information and send the WHITE COPY, with payment, by **November 15** to be included in the Directory of Members:

ACSO Membership
2755 Cottage Way, Suite 3
Sacramento, CA 95825
(916) 484-6744 ♦ FAX (916) 484-0503
office@acso.org ♦ www.acso.org

TOTAL AMOUNT PAID: \$ _____

Payment by: Check in full VISA MasterCard

Signature _____

Card # _____

Expiration ____ / ____ Zip Code (billing address): _____

For Office Use: Q CC C D R T W