



# ORGANIZATION MEMBERSHIP ANNUAL DUES

One-year membership beginning October 1, 2009

## 2009-2010 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 Orchestras ..... \$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).*

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

\*Do not forget to include your budget & number of concerts!

**MARK YOUR CALENDAR!  
42<sup>ND</sup> ANNUAL CONFERENCE  
SAN FRANCISCO, SUMMER 2010**

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