

**WOMEN'S SYMPHONY LEAGUE**  
PO BOX 6823, TYLER, TX 75711

**MEMBERSHIP 2011-2012**  
**Dues Deadline - May 1, 2011**

If not received by this date, late fees apply & you may not be included in the Handbook

Please make checks payable to WSL

FOR OFFICE USE: CHECK # _____ DATE _____ AMOUNT _____ LATE FEE REQUIRED ____ LATE FEE PAID _____ DEPOSIT NO. _____
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PLEASE INDICATE CATEGORY OF MEMBERSHIP and DUES:

**ACTIVE:**

- \_\_\_\_\_ 2011-12 New Active Member: \$50 if paid by May 1, 2011 - \$60 if paid between May 2 and June 1, 2011  
\_\_\_\_\_ Active Member in 2010-11: \$50 if paid by May 1, 2011 - \$60 if paid between May 2 and June 1, 2011  
\_\_\_\_\_ Reinstating Active: \$70 (This is any prior WSL member who has not renewed her membership by June 1, 2011, including 2010-11 members who are renewing after June 1, 2011)

**ASSOCIATE:**

- \_\_\_\_\_ Associate Member: \$65 if paid by May 1, 2011 - \$75 if paid between May 2 and June 1, 2011  
\_\_\_\_\_ Reinstating Associate: \$85 (This is any prior WSL member who has not renewed her membership by June 1, 2011, including 2010-11 members who are renewing after June 1, 2011)  
\_\_\_\_\_ Associate EMERITUS – age 80 and above: Membership dues of \$65 is optional

Please see the enclosed letter from Joyce Hudnall concerning the WSL Endowment Fund.

Please Print or Write Legibly

**NAME** \_\_\_\_\_  
Check Appropriate Title: Mrs. \_\_\_\_\_ Miss \_\_\_\_\_ Ms. \_\_\_\_\_ Dr. \_\_\_\_\_ Hon. \_\_\_\_\_ Rev. \_\_\_\_\_ Other \_\_\_\_\_

**SPOUSE** \_\_\_\_\_  
Check Appropriate Title: Mr. \_\_\_\_\_ Dr. \_\_\_\_\_ Hon. \_\_\_\_\_ Rev. \_\_\_\_\_ Other \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**E-MAIL:** (please furnish & print legibly) \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

\_\_\_\_\_ Yes, I would be willing to help the WSL save on postage and receive my WSL Newsletter by email only at the email address listed above.

If reinstating, what was the last date of membership? \_\_\_\_\_

Other names under which your membership may have been listed: \_\_\_\_\_

**Please be certain to include all completed pages in the enclosed envelope and return to Susan Bracken, 2736 South Chilton, Tyler, TX 75701.**