

MEMBERSHIP SIGN-UP FORM

Thank you for your interest in the Richmond Symphony's 2030 Group! In order to sign up, please fill out this form for payment and to help us get to know you better. The details you provide will only be used by the Symphony and your credit card information will remain secure.

Each individual must fill out a form whether considered a primary or secondary member.

1 MEMBER INFORMATION

NAME (PRINT): _____ BIRTHDATE: ____/____/____

OPTIONAL - SECONDARY MEMBER
AND RELATIONSHIP (PRINT): _____ BIRTHDATE: ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

OCCUPATION: _____ EMPLOYER: _____

OTHER AFFILIATIONS (COMMUNITY GROUPS, BOARDS, ETC.)

2 LEADERSHIP OPPORTUNITIES

ARE YOU INTERESTED IN PARTICIPATING IN SOME FORM OF LEADERSHIP FOR THE 2030 GROUP?

- Yes
- No
- Maybe, I would like more information

IF YOU ANSWERED YES, OR WOULD LIKE MORE INFORMATION, WHICH OF THE FOLLOWING MOST INTERESTS YOU FOR LEADERSHIP OPPORTUNITIES?

- President
- Volunteer & Fundraising Chair
- Marketing & Social Chair
- Events Chair

3 AVAILABILITY

FOR WEEKDAY EVENTS (HAPPY HOURS, NETWORKING EVENTS), WHICH DAYS OF THE WEEK WORK BEST FOR YOU?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

FOR WEEKEND EVENTS (LARGER PARTIES, GALAS, SPECIAL EVENTS), WHICH OF THESE WORK BEST FOR YOU?

- Friday
- Saturday
- Sunday

4 PAYMENT INFORMATION

HOW WOULD YOU LIKE TO PROCESS YOUR MEMBERSHIP (YOUR CARD WILL NOT BE CHARGED UNTIL JULY 2, 2018):

- I would like to make a monthly payment of \$10 per month for the year
 I would like to pay upfront the \$100 of membership for the year

SELECT ONE:

- Visa Mastercard American Express Check/Cash enclosed payable to Richmond Symphony

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER'S NAME (PRINT) _____

CARDHOLDER'S SIGNATURE _____

OPTIONAL - NAME OF SECONDARY MEMBER AND RELATIONSHIP (PRINT): _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

5 OTHER INFORMATION

DO YOU HAVE EXPERIENCE WITH OR AROUND CLASSICAL MUSIC?

HOW DID YOU HEAR ABOUT THE 20/30 GROUP?

- Social media
 Friend or colleague
 Other: _____

WHAT IS THE MAIN REASON YOU ARE JOINING THE 20/30 GROUP?

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RACIAL/ETHNIC BACKGROUND?

- American Indian or Alaskan Native
 Asian/Pacific Islander
 Black or African American
 Hispanic or Latino
 Middle Eastern
 White/Caucasian
 Two or more races/ethnicities
 Other race/ethnicity
 Prefer not to answer

WHAT IS YOUR GENDER?

- Male
 Female
 Prefer not to answer

3 EASY WAYS TO SIGN UP FOR MEMBERSHIP

1. **EMAIL:** SEND THIS COMPLETED FORM TO: 2030GROUP@RICHMONDSYMPHONY.COM
2. **MAIL:** SEND THIS COMPLETED FORM AND PAYMENT TO:
RICHMOND SYMPHONY
ATTN: 20/30 GROUP
612 EAST GRACE STREET, SUITE 401
RICHMOND, VA 23219
3. **FAX:** FAX THIS COMPLETED FORM TO OUR SECURE FAX MACHINE: 804.788.1541