

STEP ONE – thank you for helping us keep our records up-to-date

Name: _____ **OHS**

Member # _____

Address: _____

City: _____ State/Province: _____

Zip: _____

Telephone: _____ E-Mail: _____

@ _____

STEP TWO

Please select only one option (X)	OHS MEMBERSHIP 2024	1 year	2 year	3 year
	SUSTAINING (recurring charge on your credit card) (minimum of \$15/month) Enter amount here			
	REGULAR (print delivery)	\$96	\$192	\$288
	REGULAR (e-delivery only)	\$87	\$174	\$261
	GOLDEN AGE (65+ print delivery)	\$78	\$156	\$234
	GOLDEN AGE (65+ e-delivery only)	\$66	\$132	\$198
	UNDER 30 (e-delivery only)	\$42		
	INDUSTRY PARTNER/LIBRARY	\$105	\$210	315
<input type="checkbox"/> \$30 (\$60/\$90) for first class US delivery <input type="checkbox"/> \$35 (\$70/\$105) for delivery, Canada/Mexico <input type="checkbox"/> \$45 (\$95/\$145) for delivery outside North America				

STEP THREE

I would like my donation . . .

To support publications & operations	\$ _____ to the OHS Annual Fund
To be invested in our youth	\$ _____ the E. Power Biggs Scholarship Fund
To preserve the past	\$ _____ to the OHS Library and Archives
To enrich the present	\$ _____ to the Pipe Organ Database
To support the future	\$ _____ to the OHS Reserve Account
To support performances	\$ _____ to the James Weaver Prize

How would you like your donation To be recognized in print?

Acknowledgement name: _____

circle one below:

- Anonymous
- In honor of: _____
- In memory of: _____

STEP FOUR

Mail check, money order or bank draft to: 330 N Spring Mill Rd, Villanova, PA 19085-1737, (484-488-7473), or:

Credit Card Number: _____ Exp. Date: _____

CVV: _____

Honor the past, enrich the present, curate the future!