



**Theatre Organ Society of San Diego (TOSSD)
Membership Donation Form**

PLEASE fill out the following section for membership
Valid Through December, 2024

Name(s) _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

New _____ Renewal _____

**When you join TOSSD, you will be eligible to purchase
discounted tickets to each show.**

TOSSD Household Membership Dues Donation: \$ 20.00

I would like to make an additional donation to TOSSD: \$ _____

Total due TOSSD: \$ _____

Make checks payable to TOSSD:

Mail form with check to TOSSD, PO Box 3267, San Diego CA 92163

TOSSD thanks you for your support and hopes you will attend all our programs

Enjoy the Mighty Wurlitzer Theatre Pipe Organ!

It's Great When YOU Participate!



Date _____ Chk# _____ Amount \$ _____ Membership \$ _____ Donation \$ _____