



MEMBERSHIP APPLICATION – 2025-2026

Thank you for your interest in the Pacific Symphony League!

First Name _____ Last Name _____ Title (Please circle): Mr. Mrs. Ms. Dr.
Street _____ Apt _____
City _____ State _____ Zip _____
Phone: Home _____ Cell _____ Text OK? _____ YES or _____ NO
E-Mail _____ Birthdate: Month _____ Day _____

There are three levels of membership with the following benefits.

(Please check your desired level. Please note that event fees are additional.)

- _____ **ACTIVE Member \$85/year*** OR _____ **Add 2nd Household Active Member for \$50/year more**
(15 hours per year of Volunteering required)
- Membership pin the 1st year
 - Volunteer sign-up priority
 - Free concert ticket and reimbursed parking when volunteering at Pacific Symphony sponsored events
 - Invitation only luncheons and special events
 - Opportunities to meet Symphony personal and musicians
- _____ **PATRON MEMBER \$220/ year*** OR _____ **Add 2nd Household Patron Member for \$175/year more**
(Volunteering welcome, but not required)
- All the benefits of active members
 - Symphony Rewards Card for restaurant discounts
- _____ **SYMPHONY PARTNER \$500/ year** (Volunteering welcome, but not required)
- All the benefits of patron members PLUS
 - Two complimentary concert tickets (subject to availability)
 - Unique Pacific Symphony branded sweatshirt

_____ NO. Please do not include me in the membership directory (check if desired).

_____ YES. I would like to have my information and photo included in the membership directory, Deadline to submit your photo is September 1, 2025.

Additional DONATION (Optional)

All memberships and contributions are tax deductible to the extent allowed by law. Fees for League events are not tax deductible. Pacific Symphony Tax ID #95-3635496. I would like to support the efforts of the Pacific Symphony League with an additional donation of \$_____.

PAYMENT METHOD

☐  ☐  ☐  ☐  ☐ Check Enclosed (Payable to Pacific Symphony)

Total Amount (Membership plus Optional Donation) \$ _____ Account Number _____

Signature _____ Expiration Date _____ CVC # _____ Date _____

PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO:

**Pacific Symphony, ATTN: Development
17620 Fitch, Suite 100, Irvine, CA 92614**

<https://www.pacificsymphony.org/psleague>