CHOPIN
FOUNDATION OF THE UNITED STATES

MEMBERSHIP FORM

I would like to join/renew the membership to the Chopin Foundation!

(Please check one membership level)

- ☐ **Corporate/Sponsor** **$5,000.00**
- ☐ **Benefactor** **$1,000.00**
- ☐ **Patron** **$500.00**
- ☐ **Dual Membership** **$350.00**
- ☐ **Individual Membership** **$200.00**
- ☐ **Young Patron (35 or under):** **$75.00 (individual)**
- ☐ **Young Patron (35 or under):** **$150.00(dual)**

☐ **Renewal** ☐ **New Member**

☐ **Additional Gift** **$_____**

TOTAL: **$ _____**

☐ **I cannot join now, but enclosed is my tax deductible gift in support of the Chopin Foundation and its programs:** **$ _____**

☐ **Please contact me regarding planned giving, and/or in-kind contribution**

Please make check payable to: ***Chopin Foundation of the United States***

My/Our check for $_____ is enclosed.

Name: _____ Spouse/Partner _____

Mailing address: _____

City, State, Zip code: _____

Day phone #: _____ Evening/cell #: _____

Email: _____

Mail to: **Chopin Foundation of the United States**
1440 79th St. Causeway, Suite 117
Miami, FL 33141

To pay by credit card please visit www.chopin.org (see Membership tab) or call (305) 868-0624 for more information and assistance.