



**Member Name (as you wish to be listed)**

First:	Last:
Additional First: (optional)	

**Address**

Street:	City:
State & ZIP:	Home Phone:  Other Phone: (optional)
E-Mail Address  Note: if you are renewing your membership your e-mail address must be the one you originally registered with to identify you in our records.	New E-Mail (Optional)  Note: if you are changing your e-mail address you must have the one you originally registered with to identify you in our records.

**Membership Level and Donations**

Member Level (Please check one)	Scholarship Donation (optional)								
<table border="1"> <tr> <td>Student (\$15)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Individual (\$40)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Family (\$60)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Donor (\$100+)</td> <td><input type="checkbox"/></td> </tr> </table>	Student (\$15)	<input type="checkbox"/>	Individual (\$40)	<input type="checkbox"/>	Family (\$60)	<input type="checkbox"/>	Donor (\$100+)	<input type="checkbox"/>	
Student (\$15)	<input type="checkbox"/>								
Individual (\$40)	<input type="checkbox"/>								
Family (\$60)	<input type="checkbox"/>								
Donor (\$100+)	<input type="checkbox"/>								

Please return this form completed with your payment to:  
Steinway Society of Western Pennsylvania. 942 Penn Avenue, Pittsburgh, PA 15222