



# Joliet Area Theater Organ Enthusiasts Membership Form

Please Print

Please check one:



New Member



Renewal

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_@\_\_\_\_\_

Who can we thank for introducing you to JATOE? \_\_\_\_\_

Do you belong to the American Theater Organ Society (ATOS)? Yes \_\_\_ No \_\_\_

Do you play the organ? Yes \_\_\_ No \_\_\_

Would you be willing to be on and/or chair committees? Yes \_\_\_ No \_\_\_

JATOE Annual Membership Dues \$40.00  
*(Any Amount over \$40.00 is Tax Deductible)*

Make checks payable to: JATOE

**Mail this form and remittance to:**

**Jim Patak**  
**1406 Mandel Ave**  
**Westchester, Ill 60154**

Annual Dues Amounts	
Students	\$15.00
Regular	\$40.00
Supporting	\$50.00
Sponsoring	\$100.00
Sustaining	\$500.00
Presidents Club	\$1000.00

*(Any Amount over \$40.00 is Tax Deductible)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature (if applicant is under 18 years of age) \_\_\_\_\_

# Privacy Statement

Privacy is important to, JATOE and always has been. We have developed a Privacy Policy that covers how we collect, use, disclose, transfer and store your information. Please take a moment to familiarize yourself with our privacy practices.

## Privacy Policy

February 2018

Upon joining, Joliet Area Theater Organ Enthusiasts each person's personal contact information which includes first and last names, mailing address, phone number(s), and emails will be stored in three places. First is with the Membership Chairman: Second is with the Treasurer: Third is with the Newsletter Editor. This personal information will never be knowingly sold, traded or given away for any reason to any third party. JATOE will maintain this information solely for the use of its needs to reach you as a member to share information for upcoming events and activities. If you do not want your information shared within the organization, you must contact the President, or the Membership Chairman in writing to request your information be removed from any shared files.

Please use this form if you do not want your information shared within the organization.

I, \_\_\_\_\_ do not want my information shared.  
(Please Print Your Name)

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

Mail This Form To:

**Jim Patak**  
**1406 Mandel Ave**  
**Westchester, Ill 60154**