

Symphony Orchestra of Sri Lanka

*No. 15, Police Park Avenue, Colombo 5
Tel: 2501209 (Mon-Fri 9.00 am – 5.00 pm)
E-mail: admin@sosl.org*

MEMBERSHIP APPLICATION FORM

FELLOW OF THE ORCHESTRA

I wish to become a Fellow of the Orchestra.

Full Name : _____

Address: _____

Telephone number: _____

Reserving the following seats : _____ Seat Nos: _____
n Row : _____ i

Enclose my cheque for Rs. _____
being my subscription for the current calendar year.

Cheques should be drawn in favour of the "SYMPHONY ORCHESTRA OF SRI LANKA"
Crossed "Account Payee Only" and should be returned to the above address.

Cheque No. _____

Date:

Signature

Notes:

This Membership guarantees reserved seats for each of the subscription concerts in a calendar year.
Subscriptions are payable in advance for all annual concerts.

This Membership does not include voting rights in the Management of the Orchestra.