

ARIAS

Canadian Opera Student
Development Fund

MEMBERSHIP APPLICATION

CONTACT INFORMATION

Name Ms. / Mrs. / Mr. _____

Address _____

City _____ Province _____ Postal Code _____

Email _____

Home# _____ Work# _____ Cell# _____

Contact information I wish to have printed in the membership Blue Book:

Address Phone (H) Phone (B) Phone (C) Fax Email

Name on Social Invitations: eg. Mr & Mrs John Smith _____

Application Date (DD-MM-YY) _____

VOLUNTEERING Indicate your areas of interest or expertise:

FUNDRAISING EVENTS

- Organization Committee
- Marketing and Sales
- Sponsorship & Donations
- Event setup/ Decorations

SPECIAL SKILLS

- Bookkeeping, budgeting
- Computer (excel, database, web)
- Languages _____
- Other: (include volunteer experience)

COMMUNICATIONS

- Membership Newsletter
- Marketing & Website

AVAILABILITY Weekdays Evenings Weekends

NOMINATING MEMBERS

Proposed by _____ Seconded by _____

MEMBERSHIP FEES

Patron \$1,000 Benefactor \$500 Sustaining Member \$125 Active Member \$75 Non Resident \$40
Please indicate member level, but do not send in payment until application is approved.

SEND COMPLETED APPLICATION TO

Mail: Membership Chair, ARIAS
227 Front Street East, Suite #400,
Toronto, ON M5A 1E8

E-mail: covc@on.aibn.com
FAX: 416.777.9390

(formerly Canadian Opera Volunteer Committee)