

Theatre Organ Society International (TOSI)

To join in this exciting venture, please return the following form with your check.

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Please check type of membership requested:

_____ Regular Member (\$25)

_____ Patron (\$100 or more)

Please send this form with your check for \$25 or \$100 (or more) payable to TOSI.

TOSI
P.O. Box 251
O'Fallon, IL 62269-0251