



KOKOMO SYMPHONY ORCHESTRA

Ambassador Membership Registration

Name _____

Address _____

City/State _____

Zip Code _____

Telephone _____

E-mail _____

Availability _____

What areas are you interested in?

Administrative Support, i.e. mailing _____

Distribution of materials _____

Youth Program Support _____

Fund Raising _____

Event Usher _____

Social Media _____
