

Young Pianist Competition of New Jersey

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MEMBERSHIP APPLICATION & MEMBERSHIP RENEWAL FORM

(Membership Year April 1 - March 31)

PLEASE TYPE (HAND WRITTEN APPLICATIONS WILL NOT BE ACCEPTED!)

NAME:				
	LAST	FIRST	MIDDLE INITIAL	MALE FEMALE
Address:				
	STREET			
-				
-	CITY		STATE	ZIP CODE
-				
	TELEPHONE		FAX	
-		w.topyd		
	E-MAIL ADDRESS [MAND	DATORY		
PLEASE CHECK	ONE CATEGORY WHICH S	SUITS YOU THE BEST:		
TEACHER:		1 YEAR \$50.00	2 YEARS \$85.00	RENEWAL
	Chamber Music Le Petit Orchestre	1 YEAR \$20.00	2 YEARS \$30.00 2 YEARS \$50.00	L YES NO
Individual		1 YEAR \$20.00	2 YEARS \$30.00	
LATE FEE	After April 1	\$10.00 (fee for rene	wing teachers only)	
YEAR:			NUMBER:	
(/	For Office Use Only)	_		(For Office Use Only)

SIGNATURE