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 FEMA	ΙΕ
Address:					
	STREET				
_					
-	CITY		STATE	ZIP CODE	
_	TELEPHONE		FAX		
_					
	E-MAIL ADDRESS [MANI	DATORY]			
PLEASE CHECK (ONE CATEGORY WHICH S	SUITS YOU THE BEST:			
TEACHER:	Piano	1 YEAR \$45.00	2 YEARS \$80.00	RENEWAL	
	Chamber Music Le Petit Orchestre	1 YEAR \$20.00 1 YEAR \$20.00	2 YEARS \$30.00 2 YEARS \$30.00	☐ YES ☐ NO	
INDIVIDUAL		1 YEAR \$20.00	2 YEARS \$30.00		
LATE FEE	After April 1	\$5.00 (fee for re	enewing teachers only)		
YEAR:			Number:		
(F	For Office Use Only)			(For Office Use Only)	
SIGNATUR	E				