CARLISLE MUSICAL ARTS CLUB NEW MEMBER APPLICATION

NAME			
STREET ADDRESS			
CITY		STATE	ZIP CODE
PHONE	E-MAIL_		
ACTIVE MEMBER		ase fill out additi	ional information below)
ACTIVE MEMBERS PLEASE F	PROVIDE ADDITIONAL I	NFORMATION B	ELOW
I wish to participate in the fo Vocalist My voc Instrumentalist	al classification is		
Education			
Private teachers and numbe			
Performing experience			
Dues are \$35.00 annually, d unless canceled by member.		mbership autom	atically renews each year
Life memberships are availa installments of \$50.00 each.		in one lump su	m or in five (5) annual
Please make checks payable	e to "Carlisle Musical Arts	s Club."	
Send application and dues to	0:		
	Joon Douting Manshow	ahin Chairman	

Joan Boytim, Membership Chairman 160 Glendale Street Carlisle, PA 17013