## **Carlisle Musical Arts Club New Member Form**

CITY	STATE	ZIP CODE
	0///12	211 0002
PHONE	E-MAIL_	
ACTIVE MEMB	•	<ul> <li>Please fill out additional information below ner)</li> </ul>
ACTIVE MEMBERS	S PLEASE PROVIDE	ADDITIONAL INFORMATION BELOW:
I wish to participate in the fo	bllowing categories:	
Vocalist - My v	ocal classification is _	
Instrumentalis	st - My instrument(s) a	are
Education:		
Private teachers and numbe	er of years studied witl	h each:
Performing experience:		

"Carlisle Musical Arts Club." Send application and dues to:

Lori Elliott, Membership Chairman 203 Cockleys Drive Mechanicsburg, PA 17055

Questions? 717.319.8745