## CARLISLE MUSICAL ARTS CLUB NEW MEMBER APPLICATION

NAME			
STREET ADDRESS			
CITY		STATE	ZIP CODE
PHONE E-MAIL			
WEBSITE			
ACTIVE MEMBER			
ASSOCIATE MEM	BER (Non-performer)		
ACTIVE MEMBERS PLEASE PF	ROVIDE ADDITIONAL INF	ORMATION BE	ELOW
I wish to participate in the fol	lowing categories:		
Vocalist My vocal classification is			
Instrumentalist	My instrument(s)		
Education			
Private teachers and number of years studied with each			
Performing experience			
Dues are \$25.00 annually, du canceled by member.	e each September. Meml	pership autom	atically renews each year unless
Life memberships are availab installments of \$50.00 each.	le for \$250.00, payable in	one lump sur	n or in five (5) annual

Please make checks payable to "Carlisle Musical Arts Club." Send application and dues to:

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