

# **Chopin Student Musicians Membership Form 2016-2017**

**Please print carefully and clearly:**

**NAME:**

**ADDRESS (street, city, state, zip code):**

**Telephone Number: CELL** \_\_\_\_\_ **HOME** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**School, Grade, year of Graduation:**

**INSTRUMENT (if voice, please indicate range):**

**Private Teacher's Name and Telephone Number:**

**DUES PAID (\$10): YES** \_\_\_\_\_ **NO** \_\_\_\_\_

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**MUSIC ACTIVITIES (Clubs, Camps, Awards, Scholarships):**

**Possible College Major or Career Choice:**