

**Chopin Student Musicians
Membership Form 20__-20__
(choose current academic year**

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 _____

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

Possible College Major or Career Choice: