

CHOPIN YOUNG MUSICIANS CLUB MEMBERSHIP FORM

(PLEASE PRINT CLEARLY)

TIME PERIOD: 201_ -- 201_

NAME:

ADDRESS:

TELEPHONE:

E-MAIL ADDRESS:

SCHOOL AND GRADE:

INSTRUMENT (for voice, please indicate range):

PARENTS' NAME:

PARENTS' PHONE NUMBER:

PARENTS' EMAIL ADDRESS:

NAME OF PRIVATE TEACHER:

TELEPHONE NUMBER and EMAIL OF THE PRIVATE TEACHER:

DUES PAID (\$10.00) YES _____ NO _____ (Pay in cash only, in person at one of the musicales, to one of the counselors.)