APPLICANT INFORMATION			
First Name:	Last Name:		
Are you under the age of 18? No Yes – Paren	 t/Guardian's si	gnature is required below.*	
Address:	City:		ZIP Code:
Email:		Phone:	
Primary Instrument:		Years of Experience:	
Triniary materials		rears of Experience.	
EMEDICANOV CONTRACT			
EMERGENCY CONTACT Name:			
Farail.		Phone:	
Email:		Priorie.	
MEMBERSHIP TYPES & DUES (check one)	harshin Duas		
Membership Type: Membership Dues: Musician			
	•	e 2 rd renearsal of the concert	season
Board MemberDues			
*Scholarships may be available for qualified individuals form with this application if you would like to be consid	-		
AGREEMENT		, , , , , , , , , , , , , , , , , , , ,	
By signing below, you			
 Acknowledge your understanding of the struct to uphold such structures, operations, and put 			
you to the best of your ability.	poses by run	ming the duties and responsit	miles delegated to
Acknowledge your understanding that members	•	-	•
activities for which additional qualifications, example 3. Acknowledge your understanding and agreem	•		
Expectations, including the payment of memb		quirements outlined in the <u>sit</u>	TART WEITBEISTIP
4. Acknowledge your understanding and agreement to the stipulations outlined in the Release and Indemnity			
Agreement and the Release Form for Media F	Recording.		
Applicant Signature		Date	
*If applicant is under the age of 18, his/her parent or legal gud	ardian must acı	knowledge the statement above	by signing below:
Parent/Legal Guardian Signature	_	Date	<u> </u>