



MEMBERSHIP APPLICATION

2017-2018 Season

APPLICANT INFORMATION

Last Name:		First Name:	
Are you under the age of 18? <input type="checkbox"/> No <input type="checkbox"/> Yes – Parent/Guardian's signature is required below.*			
Address:		City:	ZIP Code:
Email:		Phone:	
Primary Instrument:		Years of Experience:	

EMERGENCY CONTACT

Name:	
Email:	Phone:

MEMBERSHIP TYPES & DUES (check one)

Membership Type:	Membership Fee:
<input type="checkbox"/> Musician.....	\$100* – Due by the 2 nd rehearsal of the concert season
<input type="checkbox"/> Board Member.....	Fee waived
<input type="checkbox"/> Artistic Director, Instructor, or Intern.....	Please use correct application form

**Scholarships may be available for qualified individuals with financial need. Please submit a Scholarship Application form with this application if you would like to be considered for a reduction in your membership dues.*

AGREEMENT

By signing below, you...

1. Acknowledge your understanding of the structure, operation, and purpose of the SMART Orchestra and vow to uphold such structures, operations, and purposes by fulfilling the duties and responsibilities delegated to you to the best of your ability.
2. Acknowledge your understanding that membership does not guarantee inclusion in any of SMART's prescribed activities for which additional qualifications, experience, and/or training may be required.
3. Acknowledge your understanding and agreement to the requirements outlined in the [SMART Membership Expectations](#), including the payment of membership dues.
4. Acknowledge your understanding and agreement to the stipulations outlined in the [Release and Indemnity Agreement](#) and the [Release Form for Media Recording](#).

Applicant Signature

Date

**If applicant is under the age of 18, their parent or legal guardian must acknowledge the statement above by signing below:*

Parent/Legal Guardian Signature

Date