



Member Information

Instrument: _____

Today's Date: _____

Name: _____

Date of Birth: _____
MM/DD

Address: _____

Street number/P.O. Box

City _____ Zip _____

Telephone: _____

(Home)

(Work)

(Cell)

E-Mail: _____

Occupation:

Student

School: _____

Grade/Classification: _____

Employed

Occupation: _____

Place of Employment: _____

Other: _____

CHECK ONE: ____ Prospective Member.....Audition Date: _____ ____ Current Member.....Date joined CSO: _____ ____ Alternate



Playing Experience (list most recent first):

Do you teach private lessons? _____ What instrument(s)? _____

Hobbies/Special Interests: _____

IN CASE OF EMERGENCY:

Name

Phone