

**Musical Club of Hartford, Inc.
Membership Application**

Print out this page, complete and mail with your dues to Robert Montstream, Corresponding Secretary,
357 Garden St, Wethersfield CT 06109. For information call 860-529-1384, or e-mail: rmontstream[at]sbcglobal.net.
Close this page to return to the website.

Name

Additional Name (Family Membership)

Street

Apt. No.

City/State/Zip

Home Phone

Cell Phone

Email

Occupation

Work Phone

Tell us about yourself (check all that apply):

- Instrumentalist - Please list instruments
- Vocalist - vocal range:
- Interested in performing in an ensemble or solo
- Interested in Music Appreciation
- Interested in working on committees
- Do you know someone currently a member? Name(s):

Select Membership Category

- Individual Membership \$45**
- Family Membership \$75**
- Student Membership \$20**
- Special half-year rate for new Individual Members who join after Feb 1: \$22.50**

Enclose check payable to Musical Club of Hartford, Inc.

Membership Fee \$ _____
Contribution to
the Gifts and
Scholarships Fund \$ _____
Total amt. enclosed \$ _____