

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

Print out this page, complete and mail with your dues to:

Joan Fine, Corresponding Secretary, 10 Cliffmore Road, West Hartford, CT 06107.

For information call 860-521-1438, or e-mail: dafine17@comcast.net.

Name:

Additional Name (Family Membership):

Street:

City/State/Zip:

Home Phone:

Email:

Occupation:

Tell us about yourself (check all that apply):

Interested in performing on a Musical Club program

Instrument or vocal range _____

Interested in performing in an ensemble _____ and/or solo _____

Interested in volunteering to work on committees

Area(s) of interest _____

Have computer skills: Word processing Spreadsheets Website design

How did you hear about us? (Circle any that apply)

Friend / Newspaper / Radio / Picked up brochure / Attended program

Select Membership Category:

Individual Membership \$50

Family Membership \$80

Student Membership \$20

Special half-year rate (Feb-May) for new Individual Members joining after Feb 1: \$25.00