



LADIES MUSICAL
CLUB OF SEATTLE

Application for Membership

Date:			
Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:
Telephone (day):	Telephone (Eve.):	Cell phone:	E-mail:
Field of Music/Area of Interest:			
Training/Background:			
Degrees/Honors:			
Experience:			
Committees/Activities of LMC in which I have particular interest:			
How did you hear about Ladies Musical Club?			
Please check the appropriate choice below. I am interested in becoming: <input type="checkbox"/> an At-Large Member <u>only</u> . <input type="checkbox"/> a Performing Member <u>only</u> . <input type="checkbox"/> an At Large Member <u>or</u> Performing Member when accepted by audition			
If interested in becoming a Performing Member, please complete the following: Primary performance interest (please be specific, e.g. solo/duo piano, lyric soprano, violinist in solo/ensemble performance, piano accompanist): <input type="checkbox"/> If my audition is not accepted, I would like to hear feedback from the Audition Committee.			
Audition Repertoire (if known):			

Please attach résumé and any related materials and return to:
membership@lmcseattle.org