

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 Intere	est:		
Training/Background:			
Degrees/Honors:			
Experience:			
Committees/Activities of LM	C in which I have particular interest	:	
How did you hear about Lad	ies Musical Club?		
Please check the appropriate	choice below. I am interested in bed	coming:	
an At-Large Member a Performing Member	ber <u>onl</u> y.		
	er <u>or</u> Performing Member when acco	•	
If interested in becoming a Po	erforming Member, please complete	the following:	
Primary performance interest piano accompanist):	st (please be specific, e.g. solo/duo pia	ano, lyric soprano, vi	olinist in solo/ensemble performance,
If my audition is no	t accepted, I would like to hear feed	back from the Auditi	on Committee.
Audition Repertoire (if know	n):		
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Please attach résumé and any related materials and return to: membership@lmcseattle.org