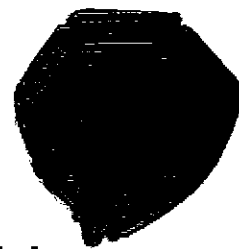




THE ROCK HILL MUSIC CLUB

Membership Form



Application for membership in the Rock Hill Music Club

Ms./Mrs./Mr./Dr. _____
Last Name First Name Middle Initial

Address: _____
Street Number and Name City and State Zip Code

Home Phone: _____ Cell: _____

Email Address: _____

Note: Our members represent all vocations and interests. Some are professional musicians – performers and teachers. Others have been patrons of the arts for a lifetime. *We invite all those interested to join us in supporting young musicians and the arts in the York County area.*

Optional: *If you would like, please share any additional information that may apply.*

Vocalist _____ Instrumentalist _____ Instruments: _____

Groups in which you have sung or performed: _____

Additional music training, degrees, or activities: _____

Recommended by: _____
(RHMC member's name, if applicable)

Yearly dues: \$40 How did you hear about the Rock Hill Music Club? _____

Thank you for your interest in the Rock Hill Music Club!