

***Student Membership Application***

**Applicant information**

|  |  |
| --- | --- |
| **Name** |  |
| **Mailing Address** |  |
| **Email Address** |  |
| **Phone Number** |  |
| **Instrument** |  |
| **Education** |  |
| **Teacher name** |  |
|  |  |

***Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_***

***Membership fee; $20 per year.***

***Please make check payable to Bay Area Music Association***

***Mail the complete application to:***

***Bay Area Music Association***

***P .O. Box 2344***

***Daly City, CA 94017-2344***