



# Spring 2007 Program Membership Form

(please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Years of Flute Playing Experience: \_\_\_\_\_

Years of Private Study: \_\_\_\_\_

Current Band/Orchestra Director (if applicable): \_\_\_\_\_

Private Flute Teacher (if applicable): \_\_\_\_\_

**Please check:**

\_\_\_\_\_ I have received a membership folder.

\_\_\_\_\_ I **do not** wish my likeness to be used by Flutes Unlimited for publicity purposes.

Year in school:

5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

College

Adult

\_\_\_\_\_  
Signature of parent/guardian

(signature needed only if member is under 18)

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\_\_\_\_\_ fee paid

\_\_\_\_\_ family rate  
Requested

\_\_\_\_\_ payment plan  
requested