

THE MUSICAL FUND SOCIETY OF PHILADELPHIA

MEMBERSHIP APPLICATION FORM

DATE: _____

NAME OF CANDIDATE:			
HOME ADDRESS:	CITY:	STATE:	ZIP:
HOME TELEPHONE #:			
HOME E-MAIL ADDRESS:			
EMPLOYED BY:		POSITION:	
BUSINESS ADDRESS:	CITY:	STATE:	ZIP:
BUSINESS TELEPHONE #:			
BUSINESS E-MAIL ADDRESS:			
BUSINESS WEBSITE/URL ADDRESS:			
WHERE DO YOU PREFER TO RECEIVE COMMUNICATIONS? _____ HOME _____ BUSINESS			
MUSICAL INTERESTS (INCLUDING MUSICAL ORGANIZATIONS):			
INSTRUMENTS PLAYED (INDICATE WHETHER PROFESSIONALLY OR AS AMATEUR):			
TRADE, PROFESSIONAL OR SOCIAL ORGANIZATIONS OR SOCIETIES:			
NAME OF PROPOSER:		DATE:	
REMARKS:			
SIGNATURE OF PROPOSER:			
Instructions: Please return to the Committee on Admissions, Musical Fund Society of Philadelphia, P.O. Box 22464, Philadelphia, PA 19110-2464. The top part of the application must be filled out completely, either by candidate or proposer. The proposer may write his/her letter of recommendation on this application under "Remarks", or in a separate letter attached to the application.			