



Membership Application

This application is to be signed by two active members and presented to the Tuesday Music Club Board of Directors for approval.

NAME: _____
(Last) (First) (Spouse)

STREET ADDRESS: _____

MAILING ADDRESS (if different):

PHONE: _____ **E-MAIL:** _____

Please provide us with your out-of-state address if applicable:

_____ Phone: _____

_____ Months away: _____

How did you hear about Tuesday Music Club?

Please tell us about your musical interests and experiences.

**Please tell us about your experiences with other clubs and organizations.
Have you held an office?**

Our club offers many opportunities for involvement. Please check the topics that are of interest to you.

- | | |
|--|---|
| <input type="checkbox"/> Ways and Means Committee | <input type="checkbox"/> Decorations Committee |
| <input type="checkbox"/> Pianist for Song of Month | <input type="checkbox"/> Song leader for meetings |
| <input type="checkbox"/> Contributing to the Newsletter | <input type="checkbox"/> Computer Experience |
| <input type="checkbox"/> Meeting Greeter | <input type="checkbox"/> Publicity Committee |
| <input type="checkbox"/> Assist in finding sponsors and gifts for projects | |

**Please complete and mail this application with a check for \$40.00 to:
Tuesday Music Club
PO Box 2524
Lakeland, FL 33806**

OFFICE USE ONLY

Date accepted: _____ **Dues paid:** _____

Sponsor: _____ **Sponsor:** _____