



MEMBERSHIP APPLICATION

Please complete and mail this form with your \$30 check payable to **SCEMS**:
SCEMS Membership, Post Office Box 41832
Los Angeles, CA 90041-0832

NAME & ADDRESS DATA:

Name [A]:

To include a second person residing at the same address, use the boxes marked [B]:

Name [B]:

Address:

City: State: Zip:

Home Phone: Work Phone:

Email [A]: Email [B]:

Web site: Fax:

- Yes, I am interested in **volunteer opportunities** with SCEMS; please contact me via email or phone.
- Yes, I am interested in attending an **informal board meeting**; please invite me to the next meeting.
- No, please do not list me in the **SCEMS Member Directory**.
- No, please do not release my name or address to other early music related organizations.
My data is confidential and I do not wish to receive any **additional concert/event mailings or invitations**.
- No, although I have included an email address above, please do not add me to SCEMS' **Concert E-minder email** subscription list which provides weekly updates on concerts offering free and special ticket pricing for the membership.

EARLY MUSIC RELATED DATA:

Please include the following information for Society records and publication in the SCEMS Member Directory.
Indicate level (Beg, Int, Adv, Pro, Pro/Tch) and, if more than one member, specify member "A" or "B" (see above):

Instrument: Level:

Instrument: Level:

Instrument: Level:

Instrument: Level:

Voice Part: Level:

Voice Part: Level:

Do you participate in a music ensemble/group (please indicate if you are the *director, founder, etc.*), hold a music related position (please indicate *faculty, board member, volunteer, etc.* and the organization) or have a music related business?

Ensemble:

Ensemble:

Ensemble:

Ensemble:

Music Position:

Music Business:

For additional information, please visit SCEMS web site at <http://www.earlymusicla.org>
email membership@earlymusicla.org or phone the SCEMS line at 310.358.5967