

DCSO Member Registration Form

Please check one: \Box Fall semester \Box Spring semester

Name	Today's Date:
Instrument	Birthdate (optional):
Address	
	_StateZip
Home Phone	Cell/Work Phone
Email	Join email list? 🛛 Yes 🖾 No
Best way to communicate: 🗆 Email 🗖	Home Phone D Cell/Work Phone

□ I authorize Northeast Iowa School of Music to use photos of me in media.

Former Members (please check one):

□ Yes, sign me up! \$30 payable to Northeast Iowa School of Music is enclosed.

No, I will not be participating this semester, but please keep me on the list for the future.

New Members:

□ I look forward to starting! \$30 payable to Northeast Iowa School of Music is enclosed.

Please describe your instrument playing experience.