



Chicago Music Association Junior/Youth Membership Application September 1, 2008- August 31, 2009

PLEASE PRINT

Name _____ Phone () _____ Fax _____

PLEASE PRINT Circle one: **Male** **Female**

Parent(s)' name _____

Address _____ Apt. # _____ Birthdate _____

City _____ State _____ Zip _____ email _____

Area of music performance or interest (optional) _____

Parent's signature _____

(Signature indicates permission is granted for membership in organization)

**Mail to: Chicago Music Association
c/o South Shore Cultural Center,
7059 South Shore Dr.
Chicago, IL 60649
Chgomusicassn@aol.com**

For more information, call 773-721-3210