



Matinée Musicale Membership Form

Name: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Do you, or did you, study, teach or perform music, and if so, which instrument or voice?

How has classical music affected your life?

Which **activities** of Matinée Musicale interest you the most? Please mark all that apply.

- Recital Series:** greeter, usher, program distribution, artist receptions
- Member Meetings:** logistics, hospitality, programs, refreshments
- Grants Committee:** Review applications annually from nonprofits which promote music and music education
- Scholarship Committee:** Help organize, plan, and execute our annual competition for young musicians
- Student Connection:** Assist with student 000group and activities

Dues are \$40.00 per Member or Couple: _____ Check # _____

Please make checks payable to Matinée Musicale Cincinnati and return with this completed form to

Matinee Musicale Cincinnati
PO Box 75197
Ft Thomas, KY 41075