



Matinée Musicale Membership Form

Name: _____ Phone: (Home) _____

(Mobile) _____

Please mark which number is preferred and should be listed in the membership roster.

Address: _____

City, State, Zip Code: _____

Email Address: _____

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 competition for young musicians
- Publicity:** Assist with bulk mailings and distributing flyers to colleges and studios
- Outreach Committee:** Assist in efforts to promote Matinée Musicale to groups to invite attendance at recitals, membership and participation in MMC activities; may involve identifying/contacting relevant groups, participating in short presentations about MMC, following-up on efforts.

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

We'd love to know more about your background with music. If you'd like to share, please answer the following questions:

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

How has classical music affected your life?