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## MEMBER REGISTRATION FORM

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Musical History/Information

Instrument: \_\_\_\_\_

Lessons (how many years)  
and/or AMEB level: \_\_\_\_\_

Previous orchestra or  
ensemble experience: \_\_\_\_\_

Other instrument: \_\_\_\_\_

How did you find out about  
SSSO? \_\_\_\_\_

Date of Application: \_\_\_\_\_

### **SSSO Committee use only**

Nominated by: \_\_\_\_\_