CAMMAC

CANADIAN AMATEUR MUSICIANS / MUSICIENS AMATEURS DU CANADA

MEMBERSHIP APPLICATION

Français au verso

☐ Renewal member number _____

MEMBER (FOR GROUP MEMBERSHIPS - SEE BELOW) ☐ New member

_____ _____

family name *first name*

Codes for level of ability: P = professional, 1 = advanced, 2 = intermediate, 3 = beginner

INSTRUMENT(S)	LEVEL	VOICE (Circle range)	LEVEL
		S A T B	

If Family Membership, please complete the following:
SPOUSE OR PARTNER of MEMBER

_____ _____

family name *first name*

INSTRUMENT(S)	LEVEL	VOICE (Circle range)	LEVEL
		S A T B	

CHILDREN (Under 18)

name	date of birth: d/m/y	instrument (or

If GROUP MEMBERSHIP please complete this box

Name of group _____

Contact person _____
(Please fill in address information below)

ADDRESS _____

_____ _____

town/city *province/state*

_____ _____

postal code *country*

( ) ( )

home phone number *business or day phone number*

( )

fax *e-mail*

Language preference: English ☐ French ☐

BE A VOLUNTEER! CAMMAC sometimes seeks advice and help from its members. Would you you be so kind as to indicate your occupation(s)?

Member Spouse

☐ Please do NOT put my name in published lists for members.

☐ I do NOT wish CAMMAC to include my name in mailing lists occasionally shared with other reputable musical organizations.

REGIONAL AFFILIATION

If you live in Nova Scotia or within a 100 km radius of Toronto, Ottawa-Gatineau, Quebec City or Montreal (excluding the USA), you will be assigned to one of the following regions. If you wish to request regional affiliation and do not live in one of the five regions, please indicate below.

Toronto ☐ Montreal ☐

Ottawa-Gatineau ☐ Quebec City ☐

Nova Scotia ☐

MEMBERSHIP FEES

Sales taxes included where applicable.

Membership fees are due yearly.
You will be reminded a month prior to your renewal date.

ALL AMOUNTS IN CANADIAN FUNDS

Individual member	$35	_____
Family (includes children under 18)	$55	_____
Senior (65 and over)	$30	_____
Students (full-time)	$30	_____
Group with library privileges	$200	_____
I wish to make a donation to my region.*	$	_____
I wish to make a donation to CAMMAC's National Office.*	$	_____

** Tax receipts provided for donations of $20 and over.*

Sign me up for 2 years. (Double the membership fee) ☐

TOTAL AMOUNT $

_____ _____

Mastercard / Visa Exp.

Charitable business number 118826486 RR 0001

PLEASE RETURN YOUR FORM AND PAYMENT TO: CAMMAC, 85 chemin CAMMAC, Harrington, QC, J8G

INFORMATION: Toll free: 1(888) 622-8755 • Harrington: (819) 687-3938 • Fax: (819) 687-3323

e-mail < national@cammac.ca > • Visit our Website: www.cammac.ca