



OTTAWA CHAMBER ORCHESTRA

Membership Application

1. Personal Information

Name: _____

Home Address:

Postal code _____

Occupation _____ Employer _____

Sponsorship program or opportunity at employment? Yes No

Phone: primary contact at Home Work Cell (please chose one)

Home: _____ Work: _____ Cell: _____

E-mail 1: _____

E-mail 2: _____

2. Music Background

ONLY fill out this section if NEW member!

Instrument played #1 _____ #2 _____ #3 _____

Playing experience
Orchestra/Group Position played # of years

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Self-Evaluation:

Playing level Instrument #1 Intermediate O Advanced O

Please return completed form to Personnel Manager at the first rehearsal.



Playing level Instrument # 2 Intermediate O Advanced O

Playing level Instrument # 3 Intermediate O Advanced O

If you know your Conservatory Grade(s), or equivalent: Performance:- _____
Theory:-

Additional Comments: