IOWA STATE UNIVERSITY Choral Music

APPLICATION FOR MEMBERSHIP

Please print				
Name			Date of Application	
Address			Phone()
City	State	Zip_	Emai	ıl
Preferred Voice Part				
Date you will begin at ISU: _	Month	Year		
Incoming Freshman	Curr	ent ISU St	udent	_Transfer Student
My major will be				
I would like to participate in	choral activ	ities:	Fall Semester	rSpring Semester
Choral Experience				
Number of years singing in I	High School_			
High School Attended			Director's Nam	e
Other (please specify)			Director's Nam	e
Have you had private voice t	raining?	Yes	No	
Number of years	Teac	her		
List instruments you play an	d the numbe	er of years	you have studie	d:
Please list any individual awa	ards, honors	: (e.g., co	ntest results, All	-State, NATS)

Return to: Dr. James Rodde, Director of Choral Activities

115 Music Hall lowa State University Ames, IA 50011-2180