



CHURCH MUSIC INSTITUTE

*Informed by the Past, Committed to the Present,
Preparing for the Future*

**5923 Royal Lane, Dallas, Texas 75225
Telephone: (214) 751-7669**

ACTIVE MEMBERSHIP ENROLLMENT **Individual, Church/Institution, Emeritus, Student**

Name: _____
Individual, Church Institution, Emeritus, Student

Address: _____
Street Address City, State Zip Code

Telephone: _____
Residence (Individual, Church Institution, Emeritus, Student) Business or Cell

Individual, Emeritus & Student: Church Name: _____

Position at Church: _____

Preferred E-mail: _____

Membership:

- Individual - \$75
- Church/Institution - \$200 (up to five individuals)
- Emeritus - \$45 for retired members
- Student - \$45 enrolled for _____ (degree) at _____ (institution)

Individuals to be included in Church/Institution membership:

	Name	Position	Email
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Method of Payment:

Check Enclosed Credit Card Type of Credit Card: _____

CC No.: _____ Expiration: _____ Security Code: _____

Name on Card: _____

Billing Address (if different from that above): _____