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SOUTHERN
ALAMEDA COUNTY
BRANCH

Application Form

Student's Full Name: _____

Parents' Names: _____

Student's Birth Date: _____

Student's Email: _____

Parents' Emails: _____

Address: _____

Name of Music Teacher's Studio: _____

Music Teacher's MTAC Branch: _____

Instruments Played: _____

Grade: _____

School: _____

Dates/Times Available for Events: _____

Home Phone Number: _____

Student's Cell Phone Number: _____

Mother's Cell Phone Number: _____

Father's Cell Phone Number: _____

\$15 Membership fee paid: Yes / No (Please circle one)

If not, please make the check payable to MTACSACB (memo: MSSL membership fee) and mail along with the application to the MSSL Membership Secretary:

MSSL Membership Secretary
41713 Sherwood Street, Fremont, CA, 94538

Questions? Email Irene Geng: irenegeng2@gmail.com

The membership will be in effect until 09/01/2018.

I GIVE PERMISSION for the Southern Alameda Music Students' Service League to use students' photos and videos for our website and other records.

I hereby acknowledge that I understand that I cannot use any pictures and any video of MSSL events for personal use. I have read and will abide to the MSSL Bylaws.

If I have any concerns or suggestions for the MSSL events, I may contact the MSSL advisor, Olya Katsman, not the MSSL officers.

I, _____, teacher of _____ have acknowledged and will adhere to Article V Section 3 and Article VIII Section 4 of the MSSL Bylaws found on www.mtacsacb.org/student-programs/music-student-service-league/.

I, _____, parent of _____ have acknowledged and will adhere to Article V Section 3 of the MSSL Bylaws found on www.mtacsacb.org/student-programs/music-student-service-league/.

Print Name: _____

Parent's Signature _____

Print Name: _____

Teacher's Signature _____