



Canadian Viola Society
La société canadienne de l'alto

Membership Form 2018

New Membership _____ Renewal _____ Change of address _____

Prefix: _____ First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____ Occupation: _____

Street Address: _____ Apartment: _____

City: _____ Province/State: _____ Postal Code/ZIP: _____ Country: _____

Phone Number: _____ (please specify the type of phone): home ___ cell ___ work ___

E-mail Address: _____ Website: _____

Type of Membership:

1 year: Regular \$45 _____ Emeritus* \$35 _____ Student** \$25 _____

All memberships in the CVS are calendar year memberships and will expire at the end of December 2018.

*Emeritus members must be at least 65 years of age, and must have been CVS members for at least four years.

**Student members are full-time students at any accredited educational institution. Proof of enrolment may be required.

Would you like to be placed on any or all of the following CVS lists, featured on our website?

Teachers _____ Performers _____ Composers _____ Luthiers _____

If yes, which contact information would you like included? (Your name and city will be automatically included.)

Phone Number _____ E-Mail _____ Website _____

Other information to be included (if possible):

Please make cheques payable to the **Canadian Viola Society**, and send all forms and cheques to:
Pemi Paull, 6077 Rue de Terrebonne, Montréal, H4A 1B8