



The Children's Music Network – Membership Form

Please print out this application, fill it in, then mail it to:

The Children's Music Network
 P.O. Box 1341
 Evanston, IL 60204-1341

Main Name(s): to head <i>Members Directory</i> listing	
Name(s) of Family Members: to list in <i>Members Directory</i>	
Name of Contact Person ^[1] :	
Mailing Address:	
Day Phone:	
Evening Phone:	
Cell Phone:	
Fax:	
E-mail:	
Web Site:	
Additional Individuals ^[2] :	

[1] *For library, school, business, or corporate membership*

[2] *Other Individuals to be listed and cross-referenced to your main directory entry. (The contact person above will automatically be cross-referenced.) Examples: other people associated with a business or school, or a family member with a different last name. No charge for the first name; \$5.00 per name for additional individuals.*

Your Closest or Preferred CMN Region

- Canada
 Mid-Atlantic
 New England
 Northern California
 Southeast
 Great Lakes
 Midwest
 New York Metro
 Pacific Northwest
 Southern California

Membership Categories and Fees

- Basic \$65
 Low Income/Student \$35
 Gift Membership \$35
 Corporate \$250
 Patron (individual) \$250

U.S. funds only. Outside the U.S. and Canada, add \$10 US to all categories.

PAYMENT SUMMARY

Membership Fee	\$ _____
Additional Names @ \$5.00 each	\$ _____
Donation to General Fund	\$ _____
Donation to Scholarship Fund	\$ _____
Total Amount Owed	\$ _____

How did you hear about CMN?"

PAYMENT

- Check or Money Order enclosed
 Charge my Credit Card →
 Visa MasterCard
 AmEx Discover

Card Number _____
 Expiration Date _____
 Signature _____