

BLOOMFIELD FEDERATION OF MUSIC  
84 Broad Street  
Bloomfield, New Jersey 07003  
patrickburnsmusic@gmail.com

ENSEMBLE MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Place a check mark next to the ensemble(s) you are interested in joining:

\_\_\_ Civic Band (Monday evening rehearsals)

\_\_\_ Youth Band (Friday evening rehearsals)

\_\_\_ Symphony Orchestra (Wednesday evening rehearsals)

\_\_\_ Mandolin Orchestra (Tuesday evening rehearsals)

\_\_\_ Chorale (Tuesday evening rehearsals)

Do you read music?                      YES                      NO

What instrument(s) do you play, and how many years experience do you have playing each?

\_\_\_\_\_

Voice part (Chorale applicants only):    S            A            T            B

Once your application is received, it will be forwarded to the conductor of the ensemble(s) in which you would like to participate. Upon review, you will be contacted by the appropriate conductor to arrange an audition. The audition process, although informal, helps us to accurately determine the experience level of each applicant. Your signature below indicates that you accept the decision of the conductor as final with regard to acceptance, assignment of part/chair, or rejection. Annual dues are \$50 for each ensemble.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_