



Membership Application

Mission: The Manitoba Conservatory of Music and Arts motivates and supports Manitobans to achieve their music education goals through:

- Reaching for excellence;
- Opening doors to music;
- Building community.

Name:			
Address:			
City:		Postal Code:	
Phone #:			
Email address:			
Annual Membership Dues	\$0	Donation:	\$

I agree to support the mission of, and abide by the By-Laws of, the Manitoba Conservatory of Music & Arts:

Signature

Witness

Date

Board of Directors approval:

Name & Title

Signature

Date