



AFFILIATE INSTITUTION APPLICATION FORM

(\$100 full year fee)

APPLICATION INFORMATION

Application Date _____

___ New membership

___ Renewal membership

CONTACT PERSON INFORMATION

Title (Rev./Dr./Mr./Mrs./Ms) _____

Name (Contact person for organization): _____

Organization Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email address: _____

PAYMENT OF MEMBERSHIP FEE:

Please mail completed form and check made payable to Royal School of Church Music to:
RSCM America Office at Westminster Choir College, 101 Walnut Lane, Princeton, NJ 08540