



## MEMBER APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Our funding sources request demographic information on grant applications. This information will be kept confidential, but is required.

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ White \_\_\_\_\_ Non-White

Student lives in a single parent home: \_\_\_\_\_ Yes \_\_\_\_\_ No

Student has special education needs: \_\_\_\_\_ Yes \_\_\_\_\_ No

How many children currently live in your household? \_\_\_\_\_

Do any of these children qualify for the free or reduced lunch program? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Parent Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Alternate Emergency Contact

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

## Annual Membership Fee

There is currently no fee to participate in the MRC. In the future, you may be asked to pay yearly membership dues according to the following scale. Please note that our funders have asked us to use this scale. For our information and planning, please select the category that relates to you:

Free or reduced lunch	_____	\$10
If your household income is \$35,000 or less	_____	\$50
If your household income is \$50,000 or less	_____	\$75
If your household income is \$75,000 or less	_____	\$100
If your household income is \$75,000 or more	_____	\$150 or more if you can afford it

*\*PARENTS: Please note MRC understands that financial circumstances vary greatly. If you cannot afford our sliding scale fee, please speak with a staff representative as assistance is available.*

## Media Release

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Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Use Only

Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \_\_\_\_\_



