

## YOUTH ASSOCIATION FOR CLASSICAL MUSIC

Regd office : No.2, 9<sup>th</sup> Trust Cross Street, Mandavelipakkam, Chennai-600028 Ph:24940219  
Mailing Address: Old no.11 A New no.7 , Saradambal Street, North T.Nagar, Chennai 17 Ph: 28343040, 52035615

### **MEMBERSHIP APPLICATION FORM**

#### **A. PERSONAL DETAILS**

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

Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_

\_\_\_\_\_

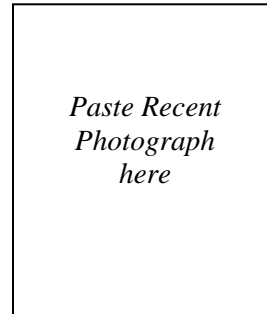
\_\_\_\_\_

Occupation: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Office tel. No.: \_\_\_\_\_

Mobile: \_\_\_\_\_

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



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Photograph  
here

#### **B.MEMBERSHIP CATEGORY (tick appropriate category)**

*Music Student*

*Performer*

*Associate (Rasika)*

#### **C. DETAILS OF PERFORMING CATEGORY MEMBERS**

Name of the Guru: \_\_\_\_\_

##### ***Details of performances:***

a. All India Radio - *yes/no if yes, grade:*

b. Television - *yes/no*

c. Sabhas - *yes/no (specify major Sabhas)*

d. Others

#### **D. PRIZES AND AWARDS**

Please enclose detailed bio-data for any other details to be provided.

I hereby enclose my subscription amount of Rs.200/600 towards my annual membership for the Pd. / Life membership.

**Place:**

**Date:**

**Signature:**