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

Affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Area(s) of specialty:**

Elementary Choral

Instrumental Other

I would like to be added to the BUSMEA email list so that I will receive details about upcoming events **YES NO**

I will be participating as: **Please check mark a box**

BUSMEA member/ invited guest ($15) Non-BUSMEA Member ($20)

High-school Student (Free)

Cheque\_\_\_\_\_\_\_\_\_ E-Transfer\_\_\_\_\_\_\_\_\_\_\_\_ Password: **BUSMEA2020**

Please email completed forms and send e-transfers to [busmea@brandonu.ca](mailto:busmea@brandonu.ca) or mail to:

BUSMEA

*c/o Brandon University School of Music*

*270-18th Street*

*Brandon MB*

*R7A 6A9*

Thank you for registering in advance!

**BUSMEA council member use only**

Cheque\_\_\_\_\_\_\_\_\_ E-Transfer\_\_\_\_\_\_\_\_\_\_\_\_ Password: **BUSMEA2020**

PAYMENT RECEIVED (yes/no)\_\_\_\_\_\_\_\_\_\_\_\_ COUNCIL MEMBER INITIALS \_\_\_\_\_\_\_