

**ORGANIZATION OF CALYPSO PERFORMING ARTISTES**  
**Suite 120, 215 Spadina Avenue, Toronto ON M5T 2C7**

**MEMBERSHIP FORM**

New Member  Renewal

Name \_\_\_\_\_  
Surname First Name Initial

Address \_\_\_\_\_  
Street number Apt. City Province Postal Code

Telephone \_\_\_\_\_  
Home Business Cell.

E-Mail \_\_\_\_\_

**Areas of Interest**

Performing	Administration
Composing/Arranging	Marketing
Writing/Research	Public Relations
Recording	IT
Producing	Other _____

Recommended by \_\_\_\_\_

Membership Fee \_\_\_\_\_

Administration Fee \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For official use only - Please do not write below**

Approved: YES NO Date .....

President's Signature ..... Date .....

Treasurer's Signature ..... Date .....

Fees Paid ..... Date .....