

REGISTRATION

Name: _____

First Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____

Fax: _____

E-mail: _____

Web site: _____

We would like to know you better.

You are a:

Guitarist

Student

Teacher

Music lover

Performer

Students' Parent

Guitar's maker

You like:

Renaissance

Baroque

Luth

Classique

Romantic

Modern

Flamenco

Jazz

The annual fee is

30\$ for an adult

15\$ for a student

Please include a check made out to:
Société de Guitare de Montréal.

Renewal

The SGM is a non-profit organisation and recognised as a charitable institution.

For all donations over 20\$, the SGM will issue a receipt for tax purposes.

Donations: _____ \$ Date: _____

Signature: _____

Please return this form to the following address:

Apt 408, 7280 avenue de Beaufort
Anjou, QC. H1M 3V7

www.societedeguitaredemontreal.org

