

The Engineering And Recording Society of Chicago

www.ears-chicago.org membership@ears-chicago.org

MEMBERSHIP APPLICATION

Memberships are effective from the last Tuesday of October until the following full year.

CHOOSE CATEGORY OF MEMBERSHIP:

PROFESSIONAL MEMBERSHIP (voting) **\$50.00.**

What is the name of the studio or company you are affiliated with:

Title or Position: _____

STUDENT MEMBERSHIP (non-voting) \$25.00

School you are attending: _____

Class Level: _____ Expected Graduation Date: ____/____/____

Student ID #: _____

PERSONAL INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Email address: _____

Please indicate how you learned about EARS: _____

ACKNOWLEDGEMENT

Yes, I would like to become a member of the Engineering and Recording Society of Chicago.

Applicant Signature: _____ **Date:** ____/____/____

Total amount enclosed: \$ _____

Do not send cash. Make cheques payable to EARS and mail to:

EARS
1719 S. Clinton St
Chicago, IL 60616

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