

Music Education Chapter Liaison Application Form

Date: _____

Please print clearly:

Name _____ MusEd membership (check): ___yes ___no

For NPM Chapter _____ in the Diocese/Archdiocese (underline one) of _____

Church: _____ and/or School: _____

Preferred Mailing Address:

_____ City _____ State _____ Zip _____

Ph. (H) _____ (Wk) _____ Email: _____ Fax: _____

Please send form to:

Philip Desrosiers
133 Chestnut Street
Manville, Rhode Island 02838

Ph: (Wk)(401) 434-1080