



Nordöstlicher Sängerbund von Amerika Membership Application

Date _____

Name of Organization _____

Address of Organization _____

Contact Name _____

Contact Phone # _____

email (if any) _____

website (if any) _____

Date of Charter _____

Number of singers:

Soprano _____ Alto _____

Tenor _____ Bass _____

Annual Dues Submitted (\$4 per singer) _____

Make check payable to: Northeastern Saengerbund of America

Please describe the reasons for your organizations interest in becoming a member, and how your organization can contribute to the N:Ö:S:B:

Representative's Signature _____