



September 27, 2017

Return this completed form and \$20 by Friday, October 13th to Marti Martinez, Chapter Advisor. Checks should be made out to Mt. Carmel Choral Boosters or MCCB.

This section to be completed by the candidate for Tri-M Student Membership

Name _____ Year in School _____

Address _____

City, State, Zip _____

Member of : *(Check all boxes that apply)*

- Choir Band Orchestra

I understand that the minimum national criteria for Tri-M candidate consideration include: participation in an audition-only music ensemble, a B grade or better in your music class, a 3.5 accumulative GPA, and continued character strength that includes demonstration of service, leadership, and cooperation. I agree to maintain these minimum criteria, and any other criteria this chapter determines, and I understand that my membership can lapse if any of these criteria are not maintained. _____ *(student initials)*

I understand my acceptance as a member of the Tri-M Chapter at Mt. Carmel High School is subject to returning this form to the chapter advisor.

Signature of Applicant _____

Signature of Parent _____