

Application for Choral Canada Student Chapter Branch

Name of University/College:
Street Address:
City/Province/Postal Code:
Branch Faculty Advisor (Title, Name, Position):
Email:
Branch Student President (Name, Year & Degree Program ie 3 rd -year BMus undergrad 2 nd -year MMus):
Email:
Number of Branch Members:

Brief Plan of Branch Activities and Goals:
,
Signatures:
Branch Advisor:
Branch President:
Date Application Submitted:

Email completed form as PDF attachment, with Subject heading "CCSC Branch Application", to:

Dr Debra Cairns, Chair, Choral Canada Student Chapter dcairns@ualberta.ca 1-587-290-3030