



The Puerto Rico
Charitable
Trust for the
Education of
Young
Musicians

STEINWAY SOCIETY



OF PUERTO RICO

Membership Application Form

First Name: _____

Last Name: _____

SSN: _____

Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ - _____ - _____

Email: _____

Work Phone#: _____ - _____ - _____

Work Email: _____

Driver License State: _____ Drivers License Number: _____

Please attach an ID with picture or a 2x2 headshot:

Act 22: Yes No

Company Name: _____



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We recognize that it is critical for our members to be confident that their privacy is protected when they submit personal information to our club. Therefore, the below statements describe our privacy practices. When you provide us with identifiable information, such as your name, e-mail address and other personal information, we may contact you via email to verify this information. We do not sell or share with anyone the information you send to us.

Signature: _____

Date: _____