

OPM MEMBERSHIP FORM

Organisasyon ng Pilipinong Mang-aawit

Unit 3016, Elan Swire Condominium

No. 49, Annapolis Street, Greenhills, San Juan, Metro Manila

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Mobile No. (63) 916- 760-5447/ 0905- 268-9330

Website: <http://www.opm.org.ph>



PERSONAL INFORMATION

Artist's Name/Stage Name		Real/Legal Name (Family name, First name, Middle name)	
Date of Birth (DA/MO/YR)	Age	Civil Status	Sex
Permanent Address		Tel. No.	
		Mobile Phone No.	
		Fax No.	
		E-mail Address	
Name of Spouse		No. of children	
Education Attainment, Highest Level: (Specify School and Year)			
Other occupation aside from singing: (specify company ,if any)			
<i>Name of Company</i>		<i>Position</i>	<i>Address and Telephone No.</i>
Manager's Name	Address	Tel. No	Fax No.
Talent Agency	Address	Tel. No	Fax No.
Contact Person	Address	Tel. No	Fax No.

PROFESSIONAL BACKGROUND

Other Artist's Name/s Previously Used	NO. OF YEARS IN SINGING PROFESSION:
WHAT VOCAL GROUP DO YOU BELONG TO? () SOPRANO () ALTO () TENOR () BARITONE () BASS	
TYPE OF REPERTOIRE (Check as many as appropriate): () POP () FOLK () ROCK () JAZZ () RHYTHM & BLUES () MIDDLE OF THE ROAD () NOVELTY () CLASSICAL	

GROUP AFFILIATION BEFORE SOLO CARRER:

NAME OF BAND	YEAR OF MEMBERSHIP

