

OPM MEMBERSHIP APPLICATION

Organisasyon ng Pilipinong Mang-aawit

Suite 24PB, The Eisenhower Condominium

Eisenhower Street, Greenhills, San Juan, Metro Manila

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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?	
<input type="checkbox"/> SOPRANO <input type="checkbox"/> ALTO <input type="checkbox"/> TENOR <input type="checkbox"/> BARITONE <input type="checkbox"/> BASS	
TYPE OF REPERTOIRE:	
<input type="checkbox"/> POP <input type="checkbox"/> FOLK <input type="checkbox"/> ROCK <input type="checkbox"/> JAZZ <input type="checkbox"/> RHYTHM & BLUES <input type="checkbox"/> MIDDLE OF THE ROAD <input type="checkbox"/> NOVELTY <input type="checkbox"/> CLASSICAL	

GROUP AFFILIATION BEFORE SOLO CARRER:

NAME OF BAND	YEAR OF MEMBERSHIP

