



Membership Form

Association of Improvising Musicians Toronto [AIMT]

Date: _____

i. Contact

name:

e-mail address:

snail mail address:

phone number:

website url:

ii. Musicianship Information

title (ie/ bassist, composer, improviser):

instrument(s) played:

please provide a short bio:

iii. Involvement

a. Do you wish to be included, as a performing musician, in the Interface Series?

Y / N

If yes, in what capacity?

Improviser in an ad hoc group / Performer of composed music

b. Do you wish to be included, as a volunteer, in the Interface Series?

Y / N

c. Do you have a performance series or another outlet that you wish to be associated with AIMT?

iv. How did you hear about AIMT?

v. Please describe your outlook on and your approach to improvised music

Can AIMT publish your description?

Y / N