



Membership Registration Form

please print

Office use only
Payment date: _____
<input type="checkbox"/> Check
<input type="checkbox"/> Cash

Year: _____ Fall Season Spring Season (Check One)

Name _____
(as it will appear in the program)

Voice Part (circle): S1 S2 A1 A2 T1 T2 B1 B2

New Member – fill in all sections

Returning Member – fill in email, birthday, and other items that may have changed

****ALL members (new and returning), please fill in your current e-mail address and birthday****

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Birthday (Month and Date) : _____

Please indicate your interest in serving on any of the following committees:

____ Concert Program/Advertising

____ Publicity

____ Fund Raising

____ Social

____ Grants

____ Sunshine (sympathy and congratulations)

____ House Management

____ Tickets

____ Membership

____ Website

____ Facebook Page Manager