Manassas Chorale Registration – 2023-2024 Season

Name:_____ Height:_____

Segment Joining (circle one): Fall Winter Voices Spring Voice Part: _____

Returning members – if all contact information is the same, please skip down to Dues section.

Email (PRINT):_____

Street Address:_____

City:_____ Zip:_____

Primary Phone:_____

Other Phone:_____

Dues: __I am paying in full. __I am paying in installments and am signing a payment agreement. __I am interested in a scholarship.

Demographic information is optional but vital in support of our grant requests.

Age: __teens __20s __30s __40s __50s
__60s __70s __80s and up

Ethnicity: __Asian __Black/African-American __Caucasian
__Hispanic/Latino __Native American __Pacific Islander
__Other

I would like to (choose one: opt IN or opt OUT) to a Manassas Chorale member directory (names, addresses, emails) to be provided to Chorale members only for the sole purpose of in-group communication.

___Opt IN ___Opt OUT

I have read, understand, and agree to abide by the policies in the Manassas Chorale Handbook. The Manassas Chorale has my permission to use my name and/or photo in connection with publicity for the organization.

(signature)_____