

Manassas Chorale Registration – 2025-2026 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: _____

DUES:

___ I am an adult singer
Dues = \$136

___ I am a high school singer
Dues = \$100

___ I am paying in full

___ I am paying in installments*

___ I am interested in
scholarship aid*

**These options require arrangements with the Treasurer*

DEMOGRAPHIC INFORMATION: 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 ___ Opt IN ___ Opt OUT of a Manassas Chorale member directory (names, addresses, emails) to be provided to Chorale members only for the sole purpose of in-group communication.

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) _____