Manassas Chorale Registration

Name:_____ Height:_____

Segment Joining (circle one): Fall Aug Winter Oct Voices Jan Spring Mar 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 (age 21 and up) Dues = $186

____ I am a student-age singer (up to age 20) 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)_____