

# REGISTRATION FORM



DATE \_\_\_\_\_

(All members are required to complete this form.)

## PLEASE PRINT CAREFULLY

NAME: \_\_\_\_\_  
*(as you want it to be printed in the concert program)*

MEMBER BIRTHDAY (MO/DAY) \_\_\_\_\_ SPOUSE/PARTNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (please indicate H, O or C): Priority (\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_\_

EMAIL (**PRINT VERY CAREFULLY**): \_\_\_\_\_

VOICE PART (circle only one):

SOPRANO I	SOPRANO II	ALTO I	ALTO II
TENOR I	TENOR II	BASS I	BASS II

Do you need to sit during concerts? Yes  No  Height in concert shoes: \_\_\_\_\_

Have you ever studied a musical instrument? (We are not asking for the purpose of having you play an instrument. However, past instrumental instruction is usually an indication of music reading ability.) Yes  No

If so, what? \_\_\_\_\_ How long? \_\_\_\_\_

What is/was your vocation/job (please ... don't list "retired")? \_\_\_\_\_

Please list choral and other musical experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special talents (e.g., computers, public relations, website maintenance, business or financial experience, general construction such as carpentry/electrical) that might help the RCS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you first hear about us? \_\_\_\_\_

\_\_\_\_\_

**Please return your completed form to Linda Maple, Membership Chairman**  
**Dues are \$35 (\$65 per couple).** PLEASE MAKE CHECK PAYABLE TO Rappahannock Choral Society.

*All music is the property of the RCS and must be returned to the chorus at the completion of each concert or performance. The cost for any music lost must be reimbursed to the RCS.*

*Please acknowledge that you agree to these terms* \_\_\_\_\_  
*Signature*

### FOR OFFICE USE ONLY:

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ AMT: \_\_\_\_\_ / Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ AMT: \_\_\_\_\_