

CUESTA MASTER CHORALE MEMBERSHIP FORM

Name: _____

Address: _____

Photo Number _____

City: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ FAX: _____

E-mail: _____

Voice part: Soprano Alto Tenor Bass

Spouse/Significant other: _____

Birth date: (m/d) _____ Year you joined the Chorale: _____

Occupation: _____

Other organizations to which you belong:

Other musical organizations, choirs or singing interests:

Please print your name as you wish it to appear in the program: _____

Please print your name as you wish it to appear on your name tag: _____

I will work on one or more of the following committees:

- Advertising Publicity Friends of Master Chorale/Fund raising
 Hospitality Newsletter Concert/Facilities

Please give us a brief biography (50-100 words or so) of yourself. Use other side if necessary.

