

Pacific Coast Chorale

Membership Form

(Please Print)

Name _____

Music/Member # _____

E-mail Address _____

Birth: Month/Day _____

Cell phone # _____ Home phone # _____

I.C.E. phone # _____ I need a name tag: Yes ___ No ___
(In Case of Emergency)

Voice Part: _____ Unsure

____ Soprano 1 ____ Alto 1 ____ Tenor 1 ____ Bass 1

____ Soprano 2 ____ Alto 2 ____ Tenor 2 ____ Bass 2

Other choral groups I belong to: _____

Musical instrument(s) I play: _____

I am interested in carpooling. Yes _____ No _____

If yes, I live in or near this community:

I give my permission to share the following contact information with
PCC members Only: Yes or No

E-mail: Y___ N___ Cell Phone: Y___ N___ Home Phone: Y___ N___

Signature

Date