



Membership Form

Name (Please Print) _____

E-mail Address: _____ Birth: Month/Day _____

Cell Phone # _____ Home Phone # _____

I.C.E. (In Case of Emergency) Phone # _____

Mailing Address: _____

Voice Part: _____ not sure
_____ Soprano 1 _____ Alto 1 _____ Tenor 1 _____ Bass 1
_____ Soprano 2 _____ Alto 2 _____ Tenor 2 _____ Bass 2

Other choir(s) I actively sing with:

Musical instrument(s) I play proficiently:

1. Dues are payable in Feb, June, & Oct. In addition to my dues of \$75 per quarter, I would like to help sponsor a member by donating: Full \$75 _____, or Partial \$ _____. All dues & donations are tax deductible, as allowed by law. THANK YOU!

2. I am interested in carpooling. Yes _____ No _____ (If yes) I live in or near this community/neighborhood: _____

3. I have: Legal _____ Financial _____ Computer _____ Web design _____ Other _____ skills I can offer PCC: Yes _____ NO _____ (If Yes, a Board member will contact you.)

4. I give my permission to share the following contact information:
For PCC member use Only: (Please check: Y-es or N-o.)

E-mail: Y__N__, Cell Phone: Y__ N__, Home phone Y__N__, Home Address: Y__N__

Signature

Date