STAMBAUGH CHORUS MEMBER REGISTRATION FORM - 2022-23 SEASON



PLEASE PRINT LEGIBLY

Name:	Email	:
Write your name as you want it to appear in th	e Program	
*Address:		*Phone:
Vocal Part (circle one): Soprano Alto Do you have mobility limitations that affect y		r extended periods or climb stairs? YES or NO
Membership Dues: \$50 (Fall) \$ ☐ Request help with dues due to financial hardship ☐ Please use my donation to underwrite another membe Your support of the Chorus is greatly appro	r	Donation \$
Manch ou Cignatura	Date:	

Member Signature

- Please complete this form and submit it at rehearsal or scan/photo and submit to dsmith@stambaughchorus.org
- Submit dues at rehearsal with this form; Dues payments in installments are acceptable

^{*}Optional

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PLEASE PRINT LEGIBLY

Name: Write your name as you want it to appear in the Program	Email:
*Address:	*Dl
Vocal Part (circle one): Soprano Alto Tenor Do you have mobility limitations that affect your abili	Bass ity to stand for extended periods or climb stairs? YES or NO
Membership Dues: \$50 (Fall) \$50 (Spr ☐ Request help with dues due to financial hardship ☐ Please use my donation to underwrite another member Your support of the Chorus is greatly appreciated	
 Member Signature	Date:

- Please complete this form and submit it at rehearsal or scan/photo and submit to dsmith@stambaughchorus.org
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