



2024-25 MEMBERSHIP APPLICATION – Our 76th Season

(Please complete this form and bring it with you to your audition)

Name (*circle one*) Ms. Mrs. Mr. _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____

Occupation _____

Voice (*circle one*) Soprano 1 Soprano 2 Alto 1 Alto 2 Tenor 1 Tenor 2 Baritone Bass

Musical experience _____

Do you read music? (*circle one*) Easily Fairly well Not so well

Current membership in other musical organizations _____

How did you hear about SCCS? _____

Will you accept responsibility for regular attendance at rehearsals and performances? _____

I understand that as a member of the Choral Society I am joining a proud organization with a history of musical excellence. I understand that attendance at all rehearsals is crucial for the ensemble's continued success. If I should **miss more than 20% of the rehearsals during a concert cycle**, I understand that my ability to participate in the concert will be at the discretion of the Artistic Director and Chorus Manager.

Signature _____ Date _____

(OVER)

Please circle which of the following you might be willing to assist with as a volunteer for the Society.

Advertising/Program Ad follow up

Feature Writing

Board Member

Gift Card Sales

Community Outreach

Grant Writing

DEIB Committee

Marketing Committee

Development/Fundraising Committee

Mentor – New Members

Donor Cultivation

Social Committee

SCCS use only

Chorus Connection Invitation _____

Mentor _____