



Our 75th Diamond Anniversary Season
MEMBERSHIP APPLICATION

(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? _____

Signature _____ Date _____

SCCS Use only

Chorus Connection Invitation _____ Mentor _____