



Membership Application

This form is for application for membership and vocal audition.
Please print all entries clearly
 You will be contacted to schedule your audition as soon as possible.

Date _____

Voice Part (circle one) S A T B

| | | | |
|--|----------|--|-------------------------------|
| Name (as it should appear in a concert program) _____ | | Telephone Number(s): Day # (_____) _____ | |
| First _____ | MI _____ | Evening # (_____) _____ | |
| Nickname: _____ | | Cell (_____) _____ | |
| Street _____ | | Birthdate _____ | Height in Concert Shoes _____ |
| City/State/Zip _____ | | Mo _____ Day _____ Yr _____ | Feet _____ Inches _____ |
| Email Address _____ | | Years with LCS _____ | |
| Spouse Name: _____ | | Summer Address, Telephone Number and email (if applicable) | |
| Additional Contact Information: | | | |

The following information will be useful for fund raising and planning purposes

| | |
|--|--|
| Employer/Job Title _____ | Does your employer, or any other organization of which you are a member, provide matching grants or other support for arts organizations? Y N If yes, please specify: |
| Other Arts Involvement _____ | |
| Other Organizational Memberships _____ | |
| Favorite Composer _____ | Performance Suggestions _____ |

Circle any committees or activities in which you might like to participate

| | | | |
|---|--|--|----------------------|
| Publicity/Program Printing Hospitality Scholarships Music Library Budget & Finance Nominating Historian | Membership Bylaws & Structure Community Outreach Web Site Auditions Trip Planning Fund Raising | Grants Performance Support (Roadie) (non-singing, family member or friend) | Other, specify _____ |
|---|--|--|----------------------|

For Music Director's Use Only

Audition

Audition Date/Time: _____ Applicant Informed (date): _____
 Vocal Part: S A T B YES _____ NO _____ Music Director _____

For Treasurer's use only

| | | | | |
|----------------------|--------------|--------------------|----------------------|---------------------------|
| Date Dues Paid _____ | Amount _____ | Check#/ Cash _____ | Date Deposited _____ | Receipt Letter Date _____ |
|----------------------|--------------|--------------------|----------------------|---------------------------|