



LAKELAND CHORAL SOCIETY, INC.

MEMBER REGISTRATION

2019-2020 SEASON

Please complete this form in its entirety and update the LCS with changes in the information throughout the concert year. Current members who have sung with the LCS in the last two years do not need to re-audition. Auditions will be held for new members only.

Date Submitted: _____

MEMBER INFORMATION

Full Name: _____ Preferred Name: _____

DOB _____ Height in concert shoes _____ feet _____ Inches Years with LCS: _____

Home Phone: _____ Mobile Phone _____

Email Address: _____

Mailing Address: _____ City _____ State _____ Zip _____

Summer Contact Address: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Email: _____

Mailing Address: _____

Employment Information

Employer/Job Title: _____

Does your employer, or any organization of which you are a member provide volunteer matching grants or other support for arts organizations? If yes, please specify: _____

Arts and Community Involvement

Memberships/ Other Organizations _____

Other Artistic Abilities: _____

Musical favorite/Suggested Repertoire _____

PHOTO RELEASE AGREEMENT

I, _____, give my permission to use my photo to help promote the Chorus in print and digital media, such as brochures, programs, websites and news releases. Full names will appear in concert programs.

Signature: _____ Date: _____

Printed Name: _____

Lakeland Choral Society Activities (please check all that apply)

LCS COMMITTEES		MISCELLANEOUS	
	Finance (Budget, Fundraising)		I am interested in becoming a Board Member
	Membership (Member Auditions, Outreach, Recruitment)		I am interested in being an Officer <input type="checkbox"/> P <input type="checkbox"/> VP <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> H
	Planning (Concerts, Events, Group Trips)		Music Library
	Marketing (Public Relations, Community Outreach/Publicity)		Website Support
	Scholarship (Scholarship Auditions)		Concert Support (non-singing family and friends)
			Other (specify) _____

Please make Checks Payable to Lakeland Choral Society. Tuition may be mailed to
Lakeland Choral Society, Hurlburt Financial
5125 S. Lakeland Dr. STE 3 Lakeland, FL 33813

PLEASE DO NOT WRITE BELOW THIS LINE (LCS USE ONLY)

Audition Date _____ Approved _____ Denied _____

Voice Part: S1 _____ S2 _____ A1 _____ A2 _____ T1 _____ T2 _____ B1 _____ B2 _____

Signature of Artistic Director: _____

TUITION: \$100 Full Year \$75 Half Year \$ _____ Music Fees (Voluntary)

Date Received _____ Amount Received _____

Signature of LCS Board Member _____

Check#/Cash _____ Date Deposited _____ Receipt Date _____

Notes: _____