

Chatham Music Club

Promoting the Appreciation of Classical Music through Performance & Education 2018-2019

MEMBERSHIP REGISTRATION FORM

FULL NAME AS YOU WANT IT PRINTED IN PROGRAMS

MAILING ADDRESS				
PO BOX-STREET		TOWN	STATE	ZIP CODE
PREFERRED PHONE NUMBER		E-MAIL ADDR	ESS	
I OFFER MY HOME AND PIANO JANUARY 27		•	APRIL 21	_
	MEMBERSHI horal or general listene		ategory information	
1.SOLO PERFORMER V	OICE/INSTRUMENT			
PERFORMANCE at MEETING: N	OV 11 (Instr/keybd onl	y)JAN 27	MARCH 10	APRIL 21
2.CHORAL SINGER V	OCAL PART		(SOPRANO, ALTO	D, TENOR, BASS)
3.GENERAL LISTENERS	NGLECC	OUPLE	_	
Please send my Newsletter by e	-mailpos	tal mail	(check one)	
ANNUAL MEMBERSHIP FEES (check couple, single, sponsor or student-up to 21 free)				
COUPLE: \$40.00 SINGLE I WOULD LIKE TO MAKE A DONA \$10 \$25 TOTAL PAYMENT INCLUDING M	ATION TO THE CMC SCH \$50 \$100	HOLARSHIP FUND	: (check amount of d	onation below)

PLEASE MAKE CHECKS PAYABLE TO **CHATHAM MUSIC CLUB** AND INCLUDE **COMPLETED REGISTRATION FORM**MAIL TO: CHATHAM MUSIC CLUB, PO BOX 1649, WEST CHATHAM, MA 02669

I understand that my contact information will be in the CMC membership directory. I also give my permission for any photos & video/audio recordings to be placed in the CMC Brochure/Website/Youtube (Chorus performances will be placed on Youtube without further consent; Solo performers will approve individually)

e-mail: info@chathammusicclub.org