



CHATHAM MUSIC CLUB

Promoting the Appreciation of Classical Music through Performance & Education

2024-2025

MEMBERSHIP REGISTRATION FORM

PERSONAL INFORMATION:

NAME AS YOU WANT IT LISTED IN PRINTED PROGRAMS: _____

MAILING ADDRESS: (Enter Street or P.O. Box, Town, State & Zip Code below) _____

PREFERRED PHONE NUMBER: (only 1) _____

E-MAIL ADDRESS: _____

PERFORMANCE/LISTENER INFORMATION:

I OFFER MY HOME AND PIANO FOR A MONTHLY MEETING: YES _____ NO _____

I WOULD LIKE TO PERFORM AT A RECITAL MEETING: YES _____ NO _____

I AM A SOLO PERFORMER: YES _____ VOICE/INSTRUMENT: _____

I AM A CHORAL SINGER: YES _____ VOCAL PART (SATB): _____

I AM A LISTENER: YES _____

PLEASE SEND MY NEWSLETTER BY (check one): E-MAIL: _____ MAIL: _____

MEMBERSHIP FEES: (check one)

SINGLE: \$25.00 _____ COUPLE: \$40.00 _____ SPONSOR: \$50.00 _____ STUDENT FREE _____

DONATIONS: (Greatly appreciated for scholarships and general concert expenses)

SCHOLARSHIP FUND: _____ GENERAL FUND: _____

TOTAL PAYMENT: \$ _____

PLEASE MAKE CHECK PAYABLE TO: CHATHAM MUSIC CLUB

MAIL CHECK & REGISTRATION FEE TO: Barbara Reed, Membership Chair, 1 Seastrand Way, Unit 1, CHATHAM, MA 02633

I understand that my contact information will be in the CMC membership directory. I give my permission for any photos & video/audio recordings to be placed in the CMC brochure or on the CMC website or on Youtube (solo performers may opt out).

Website: www.chathammusicclub.com

E-mail: info@chathammusicclub.com