



Post Office Box 13407 Jackson, MS 39236-3407 (601) 278-3351 www.mschorus.org

2016-2017 REGISTRATION

PLEASE PRINT LEGIBLY

Please check if this is NEW information

Name _____
How you would like to be addressed

Preferred Phone _____

Name _____

Please PRINT your name EXACTLY as you wish it to appear in the Program

Address _____

Work Phone _____

City/ST/Zip _____

Cell Phone _____

Birthday (month & day) _____

Email _____

A valid email address must be provided so that you will receive important messages from The Chorus.

Employer _____

Occupation _____

OPT OUT

We will make a roster of singers available TO MEMBERS ONLY on a secure area on The Chorus website. If you DO NOT WISH this information to be shared, please check the OPT OUT box.

The Chorus does not share your personal information for any reason without your permission.

Voice Part Preference (circle one) S1 S2 A1 A2 T1 T2 B1 B2

Check One _____ New Member _____ Returning Member for _____ years

**The Mississippi Chorus depends on your voice
AND on your involvement in promoting concerts, fundraising events, and FUN raisin' events!**
Let us know how you would like to become involved and we will do the rest!

Here is what I am really good at doing, and would be willing to do for The Chorus:
(list as many as you want!)

Please indicate the AREA OF SUPPORT in which you can offer your time.

_____ Ad Sales
Working with Communications for program ads

_____ Fundraising
Joining a team on events-tasks vary

_____ Mail Preparation
Joining a team to prepare mail outs

_____ Stage Setup/Breakdown
Joining a team for stage set up and breakdown

_____ Publicity/Poster Distribution
Joining the marketing team for ideas

_____ Social/Hospitality
Providing a special brand of hospitality to events
Working with the FUN-raisers social network

_____ Touring/Travel
Helping plan trips/Going on trips

Name _____

Chorus Fees:

MEMBERSHIP DUES	Semester \$35, Season	\$60	_____
CONCERT FOLDER	(new members/replacement)	\$35	_____
MUSIC	estimated	\$30	_____
Women's Concert Top		\$40	_____

I wish to make a tax deductible contribution _____

TOTAL AMOUNT DUE **\$**_____

PAYMENT OPTIONS:

Payment in Full:

 Date received By

Check # _____

Cash _____

Credit Card _____|_____|_____|_____

EXP: _____ CVC # _____

Signature _____

Billing Zip Code _____

Payment Plan: You will write 3 checks; one for immediate deposit and the other two for deposit as stated below.

40% now _____

30% October 24, 2016 _____

30% November 28, 2016 _____

A limited amount of financial assistance is available.

For financial assistance, please check here to request an application form.