



The Chatham Music Club

Promoting the Appreciation of Classical Music through Performance and Education

Year: 2016 to 2017

MEMBERSHIP REGISTRATION FORM

LAST NAME	FIRST NAME & M.I. (if any)	Print your name as you would want it to appear in a Program
MAILING ADDRESS		HOME ADDRESS
TOWN		ZIP CODE
HOME PHONE	CELL PHONE	E-MAIL ADDRESS

I offer my home and piano for a monthly meeting (Indicate month):

Membership Category

		Requested Month of Performance Select one										
X	Category	Voice / Instrument	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
	Solo Performer											
X	Category	Soprano (X)	Alto (X)	Tenor (X)	Bass (X)							
	Choral Singer											
X	Category	Couple or Single???										
	General / Listener											

Please send copies of newsletters to me via postal mail ("snail mail") _____
 I prefer to receive newsletters via email _____

Annual Member Registration Fees:

♪ - Couples Membership=\$40.00 ♪ - Individual Membership=\$25.00 ♪ - Students under 21 Welcome free of charge

I would like to make a donation to the CMC scholarship fund: \$10 ___ \$25 ___ \$50 ___ \$100 ___ Other ___

Total with dues: \$ _____

Please make check payable to **Chatham Music Club**, and include with completed Registration Form

Mail to: **Chatham Music Club, P.O. Box 1649, West Chatham, MA 02669**

I understand that my contact information will be in the CMC membership directory