



Chatham Music Club

Promoting the Appreciation of Classical Music through Performance and Education

Year: 2017 to 2018

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 (If different from home address)		HOME ADDRESS
TOWN		ZIP CODE
PREFERRED PHONE NUMBER	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	October 8th	November 12th	January 28th	March 11th	April 22nd	May 20th-Gala
	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 be a Sponsor Member: \$50 _____

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, W. Chatham, MA 02669**

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

www.chathammusicclub.org

e-mail: info@chathammusicclub.org