

Member Application Form

Caritas Chorale, PO Box 164, Ketchum, ID 83340

Membership is open to anybody in the community who has a desire to sing great choral music. All members are asked to confirm their contact details with their section leader each year, and to notify any changes to these details promptly.

Your contact details

LAST NAME: _____ FIRST NAME _____

PO BOX/ STREET: _____

CITY , STATE, & ZIP CODE: _____

PHONE: _____ MOBILE _____

EMAIL: _____

What voice part do you sing? (circle one)

SOPRANO _____ TENOR _____

ALTO _____ BASS _____

Don't know / not sure _____

Non-singing volunteer

If you are a current Caritas Chorale member, when did you join the Chorale? _____

What is your background in singing/music, if any? (ie, choir, musical theater, teaching, listening, etc)

Skill level in reading music: (beginner through advanced)

Other relevant background :

If you have any special skills or experience that you could bring to Caritas Chorale's overall operation and/or the conduct of its performance program, please summarize here:

- Accounting/Bookkeeping
- Database Management
- Graphic Design
- Publicity/Advertising
- Videography
- Photography
- Project Management
- Web Design/Word Press
- Other (please specify: _____)