CALGARY MUSIC MAKERS SENIOR CITIZENS' CHOIR

APPLICATION FOR MEMBERSHIP

NAME: _____ DATE JOINING: _____
Please print in full DD-MM-YYYY

ADDRESS: _____ POSTAL CODE: _____

PHONE: _____ ALT PHONE: _____

EMAIL ADDRESS: _____

BIRTHDAY: _____
DD-MM-YYYY

Please indicate if you sing: Soprano: ____ Alto: ____ Tenor: ____ Bass: ____

Do you read music? Yes: ____ No: ____

Do you play a musical instrument? Yes: ____ No: ____

If yes, name of instrument: _____

Have you sung in any other choir or group? Yes: ____ No: ____

If yes, name of choir or group: _____

Would you like to sing in ad hoc small groups? ____ Would you consider doing a solo? ____

Are you free to travel with the choir when performances or tours are arranged?
Yes: ____ No: ____

How did you learn about the Choir? _____

Do you use a computer, tablet or phone? Yes: ____ No: ____

If yes, can you: Receive email? ____ , Use the internet? ____ , Read & print documents? ____

EMERGENCY CONTACT: _____ _____ _____
Name Telephone Relationship

Address: As above? ____ , or:

ADDRESS: _____ POSTAL CODE: _____

PHONE: _____ ALT PHONE: _____

Original to choir secretary
1 copy to choir director

Revised: 2025-12-10