

Messiah Choral Society, Inc.





Please print clearly:						
Last Name		First Name		MI County		
Address		City	City		County	
ZipPhones: Home		Work		Cell		
E-mail		Current (or former) oc	cupation:		
Employer		Measured	height in con	icert shoes		
Preferred section (circle o	one): Soprano	Alto	Tenor	Bass	Associate	
Please explain medical iss	ues which may af	fect concert seatin	g:			
How many years in the pa	ast have you perfo	ormed with the M	essiah Choral	Society? _		
How do you want your na	me to read in the	program?				
NEW MEMBERS: Please	e tell us how you l	earned about us: _				
For required statistical pu	urposes, please cit	cle the appropria	te choice:			
African-American/Black					Caucasian/White	
Hispanic/Latino		Pacific Islander Multi-Race (no sing				
Age: 17 and under	18—30	31—50		(» g -	66+	
We encourage you to part	ticinate in the Soc	iety's oneration I	Please circle a	ll Committ	tees that interestyou:	
Facilities	Program Adver			n commit	Banquet	
Fundraising	Peanut Campai		gram Layout		Website	
Membership	Publicity		k with young			
Database Mgmt.					Comm. Liaison	
Dutubuse 1/15iiiw						
Are you affiliated with an	y other choral gr	oups? If so, what	organizations	s?		
Please complete, sign, and d MCS receives this completed	ate this Registration	n Form and submit rect dues.	it along with y	our dues. N	Membership is not valid until	
	(2)					
					not be eligible to perform in	
					er 13, 2020, not from date of t abide by the Performance	
					ChoralSociety.org to ensure	
					e with the dress code will not	
be allowed to perform.	y member arriving	for the perior mane	e who is not in	compnance	with the dress code will not	
I have read the above and a	gree to accept all re	auirements and rul	es of the Messi	ah Choral S	ociety.	
	-	-			•	
Signature		Date				
C	dress below. Send				may bring your registration cash). Make check payable	
Amount Enclosed: Dues \$	Check/	MO #Do	nation \$	MCS	R'cd	
Mailing adduces	. Maggiah Charral	Society Inc. D.O.	Doy 2407 W	lintor Do-l	FI 22700 2406	