



Member Information Form

First Name *Last Name* *MI*

Street Address *Apt. No.* *Occupation*

City *ZIP* *E-mail address*

Home phone *Cell phone* *Work phone*

Voice Part *Date of Birth (Month/Day only)*

Emergency Contact 1 *Relationship* *Phone Number*

Emergency Contact 2 *Relationship* *Phone Number*

Are you interested in singing in a small ensemble, which will involve extra rehearsals?

Yes No

How did you hear about the Rainier Chorale?

Skills you would be willing to share in the operation of Rainier Chorale:

Do you work for a company that has a Matching Gift Program? Yes No

What Company? _____