



Lakeland Choral Society Member Information Form

Thank you for your interest in Lakeland Choral Society! Please complete this form in its entirety for annual registration requirements and to provide us with information that will assist our planning and fundraising efforts. Please update this form throughout the concert year if there are any changes to the information provided, and return it to the Vice President. If you need more space, please write on the back of the form.

Date _____ Voice Part (check one) S1 S2 A1 A2 T1 T2 B1 B2

Contact Information			
Name (as it should appear in a concert program) _____	Telephone Number(s)– indicate (D)ay/(E)vening/(W)ork/(C)ell		
Preferred Nickname _____			
Spouse / Partner's Name	Birthdate Month Day	Height in Concert Shoes Feet Inches	# Years with LCS
Street Address / Mailing Address	Summer Address and Telephone Number (if applicable)		
City/State/Zip			
Email Address	Additional Contact Information		

Employment Information	
Employer/Job Title	Does your employer, or any other organization of which you are a member, provide matching grants or other support for arts organizations? If yes, please specify:
If retired, please list professions/job fields in which you previously worked.	

Arts and Community Involvement	
Other Organizational Memberships	Other Abilities (ie. instruments, dance, acting)
Other Arts Involvement	Favorite Choral Pieces, Composers, and Performance Suggestions

Lakeland Choral Society Activities

(check all that apply)

LCS COMMITTEES <input type="checkbox"/> Finance (Budget and Fundraising) <input type="checkbox"/> Membership (Member Auditions, Outreach, and Recruitment) <input type="checkbox"/> Planning (Concerts, Events and Group Trips) <input type="checkbox"/> Publicity (Public Relations and Community Outreach) <input type="checkbox"/> Scholarship (Scholarship Auditions and Programs)	<input type="checkbox"/> I am interested in becoming a Board Member <input type="checkbox"/> I am interested in being an Officer: __P__VP__S__T__H <input type="checkbox"/> Music Library <input type="checkbox"/> Website Support <input type="checkbox"/> Concert Support (non-singing friends and family) <input type="checkbox"/> Other (specify)
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Do not write below this line (LCS Use Only)

Audition Date: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Assigned Voice Part: _____	_____ Signature of Music Director												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Date Dues Paid</td> <td style="width: 25%; border-bottom: 1px solid black;">Amount</td> <td style="width: 25%; border-bottom: 1px solid black;">Check#/ Cash</td> <td style="width: 25%; border-bottom: 1px solid black;">Date Deposited</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table>	Date Dues Paid	Amount	Check#/ Cash	Date Deposited	_____	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Signature of Treasurer</td> <td style="width: 50%; border-bottom: 1px solid black;">Receipt Letter Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table>	Signature of Treasurer	Receipt Letter Date	_____	_____
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