

ChoirWorks

Director of Music Dr. Debra Shearer-Diricé

MEMBERSHIP APPLICATION

Membership of the Choir is conditional upon: completion of this form; a successful audition; payment of the membership fee; and approval by the Management Committee. Please read the Member Handbook before completing this form.

PERSONAL DETAILS

Title: Ms Mrs Miss Mr Dr Other:

Full Name: Preferred Name (if any):

Street Address:

Suburb: Postcode:

Mobile Ph: Other Ph:

E-mail Address:

Preferred Part: Sop 1 Sop 2 Alto 1 Alto 2 Tenor 1 Tenor 2 Bass 1 Bass 2

Age: 18-25 26-40 41-55 Over 55

Occupation:

PERSONAL MUSICAL HISTORY

| | <i>Name of choir:</i> | <i>No. of years in choir:</i> | <i>Approx. size of choir:</i> |
|-----------------|-----------------------|-------------------------------|-------------------------------|
| Past Choirs: | (1) | | |
| | (2) | | |
| | (3) | | |
| Present Choirs: | (1) | | |
| | (2) | | |

Examples of other singing experience (eg. solos, opera chorus, folk group etc):

Vocal training:

Other musical/instrumental study/training/qualifications:

Some of the most demanding choral music which I have sung:

Title: Composer:

Title: Composer:

Types/genres of music I enjoy singing:

How did you find us? Friend Web Newspaper Radio Other:

DECLARATIONS

I have read the Member Handbook, and I understand my rights and responsibilities as a member of the Choir.

Signed - applicant: Date:

I have auditioned the applicant and assess the applicant's vocal ability as:

suitable Voice: S1 S2 | A1 A2 | T1 T2 | B1 B2 not suitable (MD's notes over page)

Signed - Musical Director: Date: