

APPLICATION FOR MEMBERSHIP
SINGING MEN OF ARKANSAS
Fayetteville, Arkansas

NAME _____ NICKNAME _____

ADDRESS _____ APT # _____

MAILING ADDRESS (If Different): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER (Day): _____ (Night) _____ (Cell) _____

Which number do you prefer we use in contacting you? _____ Other: _____

EMAIL ADDRESS: _____ Please notify when it is changed!

SINGING EXPERIENCE INFORMAIION

PART WHICH YOU WISH TO SING: ___ 1st Tenor ___ 2nd Tenor ___ Baritone ___ Bass

BRIEFLY GIVE YOUR SINGING EXPERIENCE(S) AND NUMBER OF YEARS INVOLVED:

ARE YOU NOW A MEMBER OF ANY SINGING GROUP OR CHORUS? ___ Y ___ N Please describe:

PART WHICH YOU REGULARLY SING? _____ WHAT IS YOUR PREFERENCE? _____

HAVE YOU EVER HAD ANY FORMAL VOICE LESSONS? Please comment: _____

DO YOU PLAY A MUSICAL INSTRUMENT? ___ Y ___ N? WHAT IS IT? _____

PLEASE GIVE YOUR REASON(S) FOR WANTING TO BE A PART OF A MEN'S SINGING GROUP:

HAVE YOU READ AND SIGNED THE STANDARD OF MEMBERSHIP/PLEDGE? ___ Y ___ N

ANY ADDITIONAL COMMENTS YOU MAY WISH TO MAKE ABOUT ANY OF THESE QUESTIONS MAY BE DONE BY USING THE REVERSE SIDE OF THIS APPLICATION.

(For Director Only) Number _____ Date Interviewed _____ Date Auditioned _____ Assigned _____