



REDCLIFFE CITY CHOIR

Membership Application Form

Name: _____

Phone: _____ Birthday: _____

Email Address: _____

Address: _____

1. Briefly outline your singing experience (particularly in choirs):

2. Can you read music? _____

3. Which voice part do you think you are / do you prefer? (Circle one, or two if unsure)

SOPRANO I / SOPRANO II / ALTO / TENOR / BASS

Our Musical Director will spend a few minutes with you privately and ask you to sing for her to determine where best to place you. Please ensure you book in a time to meet her prior to the start of your first rehearsal and bring this form with you to hand to her.

MD's Notes: _____

Approved:

MD _____ President _____ Date: _____