

NEW MEMBER APPLICATION FORM

Note: Required fields are in	dicated by an asterisk (*).
First Name*	
Last Name*	
Name of Organization/Firm	(if applicable)
Street Address*	
Apt #	
City*	
State*	Zip*
Home phone	Cell phone
Please include the area code	e, and enter as shown: 925-123-4567
Email address*	
	ress is used by our database ONLY for sending event/activity updates and nications. YOUR PRIVACY IS IMPORTANT TO US.
May we list your member in	nformation in the Directory?* \square Yes \square No
\Box Check here if you teach r	nusic
Please select up to 4 musica	al interests:
☐ Accompanist ☐ Chambe	er Ensemble $\ \square$ Choral Ensemble $\ \square$ Composer $\ \square$ Arranger $\ \square$ Conductor
☐ Choral Conductor ☐ Mu	sic Publisher 🗆 Choral Composer 🗀 Jazz Ensemble
Please select your primary	instrument(s). (Up to three may be selected):
\square Voice \square Piano \square Duo F	Piano \square Fortepiano \square Organ \square Harpsichord \square Harp \square Guitar
\square Violin \square Viola \square Cello	□ Bass
☐ Flute ☐ Clarinet ☐ Obc	pe □ Bassoon □ Horn □ English Horn □ Trombone □ Saxophone
☐ Percussion ☐ Harmonic	a 🗆 Other
Voice Range:	
☐ Soprano ☐ Lyric Sopran	o □ Mezzo Soprano □ Alto □ Contralto □ Alto, Soprano
☐ Tenor ☐ Lyric Tenor ☐	Baritone □ Bass □ Bass-Baritone



NEW MEMBER APPLICATION FORM

CCPAS Membership Type*
☐ Individual Membership - 35.00 USD
\square Family Membership - 40.00 USD
Note: Please fill out a separate form for each additional family member
☐ Group Ensemble - 75.00 USD
☐ Student Chapter - 15.00 USD
☐ Half-year Individual - 17.50 USD
□ Half-year Family - 20.00 USD
\square Optional tax-deductible donation (please indicate amount in USD): $\$$
Total Membership + Optional Donation: \$
Please make checks payable to: Contra Costa Performing Arts Society
ricase make enecks payable to. Contra Costa i enorming Arts society
Mail check and membership form(s) to:

Contra Costa Performing Arts Society 2100 Tice Valley Boulevard Walnut Creek, CA 94595