**REGISTRATION FORM – 5784**



**(2023-2024)**

PLEASE FILL IN ALL INFORMATION:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOICE PART: (S, A, T, B) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_ EVENING PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU BELONG TO A SYNAGOGUE? -- YES/NO (IF YES, WHICH ONE(S)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU INVOLVED WITH OTHER JEWISH, MUSICAL, OR LOCAL ORGANIZATIONS/COMMUNITIES? (please list)

*I have read and agree to follow the policies of Shir Chadash: The Brooklyn Jewish Community Chorus.*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

***Membership dues are $275 per year.***

***Please make your payment through PayPal, by going to the Shir Chadash website,* ShirChadashChorus.org *and clicking the DONATE button. Or you can send this form, with a check made out to* Shir Chadash: The Brooklyn Jewish Community Chorus*, to Shir Chadash c/o Tori Rosen, 726 Argyle Road, Brooklyn, NY 11230.***