

REFERRED BY: _____

DATE: _____



THE
DOROTHY SHAW
BELL CHOIR

The Dorothy Shaw Bell Choir
500 W. 7th St. Suite 1007
Fort Worth, TX 76102
(817) 924-3640

MEMBERSHIP APPLICATION

STAFF NOTES: _____

MEMBER'S NAME _____
(LAST) (FIRST) (MIDDLE) (NICKNAME)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE # _____ CELLULAR _____

E-MAIL _____

BIRTH _____
(AGE) (DATE) (LOCATION)

SCHOOL _____
(GRADE) (NAME OF SCHOOL) (PHONE)

AVERAGE GRADES OVER PAST TWO YEARS (PLEASE CHECK ONE) A _____ B _____ C _____ (LOWER) _____

PARENTS: MARRIED _____ SEPARATED _____ DIVORCED _____ DECEASED _____

FATHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

BUSINESS PHONE # _____ CELLULAR _____

E-MAIL _____

MOTHER'S NAME _____ OCCUPATION _____
(INCLUDING MAIDEN)

BUSINESS ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

BUSINESS PHONE # _____ CELLULAR _____

E-MAIL _____

NAME AND RELATIONSHIP OF LEGAL GUARDIAN, IF NOT PARENTS _____

NAME & AGE OF SIBLINGS _____

EMERGENCY CONTACT _____ PHONE # _____

(RELATIONSHIP) (STREET) (CITY) (STATE) (ZIP CODE)

FAMILY PHYSICIAN _____ PHONE # _____

OVER

CHURCH NAME AND AFFILIATION

ORGANIZATIONS TO WHICH YOUR CHILD BELONGS

PLEASE LIST (WITH YEARS) ANY MUSICAL EXPERIENCE

DOES YOUR CHILD HAVE ANY SPECIAL DIETARY REQUIREMENTS?

IF SO, PLEASE EXPLAIN

PLEASE INCLUDE AN EXPLANATION IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING:

MAJOR ILLNESSES

ALLERGIES

HEARING DIFFICULTIES

VISION IMPAIRMENTS

PHYSICAL DEFECTS

LEARNING AND/OR CONCENTRATION DIFFICULTIES

LIMITATIONS THAT PREVENT HIM/HER FROM STANDING FOR AN EXTENDED PERIOD OF TIME

PARENT'S SIGNATURE

PLEASE KEEP US INFORMED OF ANY CHANGES IN THIS INFORMATION!

REMARKS: