



201 N. Washington Ave.

Saginaw, MI 48607

FX: 989.753.1043

jeremiah@saginawchoralsociety.com

SCS Membership Application

Name: _____

Address: _____

Phone: _____

Email: _____

Birthday: Month _____ Day _____ Year _____

Emergency Contact: Name: _____ Phone: _____

Shirt Size: S / M / L / XL / XXL

Anticipated Section: Soprano / Alto / Tenor / Bass

Are you a student? Y / N

School: _____

Major: _____

Briefly describe your previous choir experience.

Audition piece: _____

Will you need an SCS accompanist? Y/N

(If a SCS accompanist is required, please send a copy of the accompaniment one week prior to your audition date.)

How did you hear about the SCS?

Concert / Social Media / Referred by a friend (friend's name): _____

Other: _____

Thank you! Please submit this application to the SCS office by mail, fax, or email and we will contact you with audition dates and time.