**2021-2022 Member Profile and Commitment Form**

***Form instructions: complete electronically, then "save as" to your computer with a file name of:
“* your\_name Chorale 2020-21*“*
*then attach in an email to VP of Membership, at*** ***membership@hartfordchorale.org***

(You can tab through the document, using the X key to check off boxes when appropriate)

Submitting this form electronically serves as your signature; please fill in the information requested below.

[ ]  **Regular Membership** [ ]  **Intern**

**Name:** Click or tap here to enter text. **Voice Part:** Choose an item.

**Date:** Click or tap to enter a date. **A3 (1,2,3)** Choose an item.

[ ]  I have read and agree to the Membership Policies. [ ]  I have reviewed the season schedule.

 [ ]  I look forward to participating in the entire coming season and understand the attendance requirements.

 [ ]  I plan to participate during the Choose an item. semester. (Interns only)

 [ ]  I attest that I am fully vaccinated against COVID-19 and that I have provided Hartford Chorale with proof of my vaccination status

Our membership dues for the 50th anniversary year will be $185 (waived for interns). Please note that no member will be turned away due to the inability to pay this fee. If you need assistance, please send an email to Greg Benoit, VP of Membership (membership@hartfordchorale.org).

|  |
| --- |
| **personal and member information** |
| **Name for program book:**  | Click or tap here to enter text. |
| **Voice and section:**(e.g. Bass II) | Choose an item. | **Height in inches:**(in concert shoes) | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | **City, State, Zip:** | Click or tap here to enter text. |
| **Preferred E-Mail for Chorale Communications:** | Click or tap here to enter text. | **Preferred Phone for Chorale Communications:** | Click or tap here to enter text. |
| **Birthday:** (mm/dd/yyyy)  | Click or tap here to enter text. |
| **Ethnicity:** (as defined by Hartford Foundation for Public Giving, for statistical reporting only, as often required for grant applications) |  [ ] African American/ Black/ Caribbean American [ ] Asian American [ ] Caucasian [ ] Latino(a)/ Hispanic [ ] Native American [ ] I prefer not to answer |

|  |
| --- |
| **Logistics** |
| **Year Joined the Chorale:** | Click or tap here to enter text. |
| **Name for your nametag:** | Click or tap here to enter text. |
| **Do you need a new nametag:** | [ ] Yes [ ] No  |
| **Special skills:** that you are willing to share with our committees such as writing, marketing, web development, fundraising, project management, etc. | Click or tap here to enter text. |
| **Committees:** The Chorale welcomes and needs your participation. Please check the committee(s) that you are on, or would like to join, for the coming year.See committee descriptions in the membership package. | [ ]  Artistic Programming[ ]  Development/Fundraising[ ]  Education/Outreach[ ]  Finance[ ]  Governance[ ]  Marketing[ ]  Membership [ ]  Production Task Force[ ]  Rehearsal Logistics (Chair Team +)[ ]  Special Events [ ]  Touring[ ]  Other [Explain:      ] |

As Hartford Chorale reaches out to more corporations, organizations, and community groups, it is very important that we have records letting us know about the “outside” work done by our members (and spouses) and if their employers offer matching grants. If you have retired, you can put that as your Position, but it’d be great to know from where—many companies will still match their retired employees’ contributions.

|  |
| --- |
| **member business/employer information** |
| **Your Position/Title:** | Click or tap here to enter text. |
| **Employer/Business Name:** | Click or tap here to enter text. |
| **Employer/BusinessAddress:** | Click or tap here to enter text. | **City, State, Zip:** | Click or tap here to enter text. |

Does your company match contributions? [ ]  Yes  Does your company match volunteer hours? [ ]  Yes

|  |  |
| --- | --- |
| **Spouse’s Name:**(for our records) | Click or tap here to enter text. |

|  |
| --- |
| **spouse business/employer information** |
| **Spouse’s Position/Title:** | Click or tap here to enter text. |
| **Employer/Business Name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. | **City, State, Zip:** | Click or tap here to enter text. |

Does spouse’s company match contributions? [ ]  Yes Does spouse’s company match volunteer hours? [ ]  Yes

**THANK YOU**

**Please submit by Friday, October 15, 2021 to confirm your membership.**