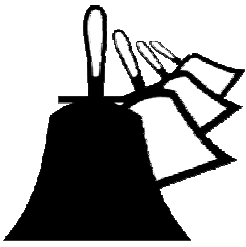


REFERRED BY: \_\_\_\_\_

DATE: \_\_\_\_\_



# THE DOROTHY SHAW BELL CHOIR

WWW.DOROTHYSHAWBELLCHOIR.ORG

500 WEST SEVENTH STREET  
SUITE 1007 POSTAL UNIT 27  
FORT WORTH, TEXAS 76102  
817-924-3640 - 817-546-4014

# MEMBERSHIP APPLICATION

## MEMBER'S NAME

\_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (NICKNAME)

## ADDRESS

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

## 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 YOU CHILD HAS EXPERIENCED 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 A PERIOD OF TIME? \_\_\_\_\_  
\_\_\_\_\_

**PARENT'S SIGNATURE**

\_\_\_\_\_

**PLEASE KEEP US INFORMED OF ANY CHANGES REGARDING THE ABOVE INFORMATION!**

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_