

Referred by _____

Date _____



APPLICATION FOR MEMBERSHIP

THE DOROTHY SHAW BELL CHOIR

500 West Seventh Street, Suite 1007

Fort Worth, Texas 76102

924-3640 - 335-5417

Prospective Member's Name _____
(Last) (First) (Middle)

Name he/she goes by (nickname) _____ Telephone # _____

Address _____
(Street) (City) (Zip Code)

Birthday Date _____ Place _____ Age _____

School _____ Telephone # _____ Grade _____

Average grades over past two years (Please check one): A _____ B _____ C _____ (or lower)

Email Address _____ Parent's Email Address _____

Father's name _____ Occupation _____

Business Address _____ Telephone # _____

Mother's name (including maiden) _____

Occupation _____

Business Address _____ Telephone # _____

Parents Married _____ Divorced _____ Separated _____ Deceased _____

Name and relationship of legal guardian, if not parents _____

Emergency contact _____ Telephone# _____

Family Physician _____ Telephone# _____

Name and age of siblings: _____

Organizations to which your child belongs _____

Please list (with years) any musical experience _____

Church name and affiliation _____

Has your child had any major illnesses? _____ If so, please explain _____

Does your child have any allergies? _____ If so, please explain _____

Does your child have any special dietary requirements? _____ If so, please explain _____

Does your child have any hearing difficulties? _____ If so, please explain _____

Does your child have any vision impairments? _____ If so, please explain _____

Does your child have any physical defects? _____ If so, please explain _____

Does your child have any learning and/or concentration difficulties? _____

If so, please explain _____

Does your child have any limitations that prevent him/her from standing for a period of time?

If so, please explain _____

Parents signature

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

REMARKS: _____
