



COCHRANE MUSIC SOCIETY 2015-2016 REGISTRATION

Rehearsal Schedule		
Tuesday Nights Choral Waves	Director: Diego Bechthold 7:00pm – 8:45pm	Bow Valley High School
Wednesday Nights Band on the Bow Riverside Jazz	Director: Adam Mailman 7:00pm – 8:45pm 8:45pm – 10:30pm	Bow Valley High School
Rehearsals start September 8/9, 2015		

Fees			
Membership Fees Cascade			Joining in January? Pay ½ Ensemble(s) Fee
First Ensemble Fee		\$250	
Second Ensemble Fee		\$100	
Third Ensemble Fee		\$0	
1st	2nd	3rd	Total
\$250			\$250
\$250	\$100		\$350
\$250	\$100	\$0	\$350
Make cheques payable to: <u>Cochrane Music Society</u>			

Complete and return with payment to CMS Ensemble Representative

Name:		Home Phone:	
Address: Street		Cell Phone:	
City		PC:	
E-Mail Address: <i>(all information is distributed by email/website)</i>			

Ensemble Choices and Fees	
<input type="checkbox"/> Band on the Bow Instrument: _____ <input type="checkbox"/> Riverside Jazz Instrument: _____ <input type="checkbox"/> Choral Waves <input type="checkbox"/> Soprano <input type="checkbox"/> Alto <input type="checkbox"/> Tenor <input type="checkbox"/> Bass	FULL PAYMENT is required at the beginning of the season in one current, or ½ current + ½ postdated, or a series of postdated cheques. Total Fee: \$ _____ (September 2015) Cheque 1: \$ _____ (September 2015) Cheque 2: \$ _____ (January 2, 2016) Series: \$ _____ Dates: _____

Complete ALL Parts Below, Date and Sign

Volunteer Commitment Please indicate in which of the following volunteer activities you are willing to assist.		
<input type="checkbox"/> <i>CMS Board Director (9)</i> <input type="checkbox"/> <i>Event Photographer</i> <input type="checkbox"/> <i>Casino Worker</i>	<input type="checkbox"/> <i>Concert Stage Manager</i> <input type="checkbox"/> <i>Concert Set Up/Take Down (12)</i> <input type="checkbox"/> <i>Workshop Organizer</i>	<input type="checkbox"/> <i>Music Librarian</i> <input type="checkbox"/> <i>Other</i> _____

Right of Publicity
From time to time, the CMS publicizes information about its members to the community through various media such as newsletters, displays, internet website and press releases. In order to avoid misunderstandings about privacy and use of personal information we ask permission from each member to publish names, photographs and/or video images.

I give the Cochrane Music Society permission to publish my name and picture.

Consent to Share Contact Information Within the Society
With written consent, members' contact information will be shared within the membership (e.g. posted on the password protected Members Only page of the website) to help learn each others' names, contact for car pooling, assist in phone outs, plan social activities, etc. Members may NOT use this contact information for solicitation.

I give the Cochrane Music Society permission to share the following contact information within the membership.
 home phone number *cell phone number* *email address* *street address*
I understand that I may NOT use members' contact information for solicitation.

Digital Communication
According to Canada's anti-spam legislation, we are asking for your express consent to send you our subscription communications.

I wish to receive the following from Cochrane Music Society:
 website news posts of CMS and other groups' events *emails of CMS program and service communications and surveys*

Date: _____ **Signature:** _____