

Rehearsal Schedule		
<b>Tuesday Nights</b> Choral Waves	<b>Director: Diego Bechthold</b> 7:00pm – 8:45pm	Bow Valley High School
<b>Wednesday Nights</b> Band on the Bow Riverside Jazz	<b>Director: Adam Mailman</b> 7:00pm – 8:45pm 8:45pm – 10:30pm	Bow Valley High School
<b>Rehearsals start September 4/5, 2018</b>		

Membership Fees			
Joining in January? Pay ½ Ensemble(s) Fee			
	First Ensemble		\$300
	Second Ensemble		\$150
	Third Ensemble		\$0
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
	\$300		\$300
	\$300	\$150	\$450
	\$300	\$150	\$450
		\$0	\$450
<b>Make cheques payable to: <u>Cochrane Music Society</u></b>			

## Complete and return with payment to CMS Ensemble Representative

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

Ensemble Choices and Fees	
<input type="checkbox"/> <b>Band on the Bow</b> Instrument: _____ <input type="checkbox"/> <b>Riverside Jazz</b> Instrument: _____ <input type="checkbox"/> <b>Choral Waves</b> <input type="checkbox"/> Soprano <input type="checkbox"/> Alto <input type="checkbox"/> Tenor <input type="checkbox"/> Bass	<p><b>FULL PAYMENT is required at the beginning of the season</b> in one current, or ½ current + ½ postdated, or a series of postdated cheques.</p> <p><b>Total Fee: \$</b> _____ <b>Sept 2018</b></p> <p><b>OR Cheque 1: \$</b> _____ <b>Sept 2018</b>  <b>Cheque 2: \$</b> _____ <b>Jan 2, 2019</b></p> <p><b>OR Series: \$</b> _____ <b>Dates:</b> _____</p>

## Complete ALL Parts, Date and Sign

**How did you find out about CMS?** \_\_\_\_\_

**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>Music Librarian</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>Casino</i> <input type="checkbox"/> <i>Other</i> _____
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**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 may 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, plan social activities, etc. Members may NOT use this contact information for solicitation.

*I give the Cochrane Music Society permission to share my email address within the membership. 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*

<b>Date:</b>	<b>Signature:</b>
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