Cochrane MUSIC SOCIETY

2022-2023 REGISTRATION

Rehearsal Schedule		
Wednesday Band on the Bow Riverside Jazz	7:00pm – 8:45pm 8:45pm – 10:30pm	Cochrane High School
Thursday Choral Waves	7:00pm – 8:45pm	Cochrane High School
Rehearsals start September 14/15, 2022		

Membership Fees

Joining in January? Pay ½ Ensemble(s) Fee

Membership	$10
First Ensemble	$335
Second Ensemble	$175

Membership	1st	2nd	Total
$10			$10
$10	$335		$345
$10	$335	$175	$520

Make cheques payable to: Cochrane Music Society

Complete and return with payment to CMS Ensemble Representative

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

Ensemble Choices and Fees

☐ **Band on the Bow** Instrument: _____

☐ **Riverside Jazz** Instrument: _____

☐ **Choral Waves** ☐ Soprano ☐ Alto ☐ Tenor ☐ Bas

FULL PAYMENT is required at the beginning of the season
in 1 current, **or** 1 current +1 postdated (January)
Total Payment: 1 Ensemble $345 2 Ensembles $520
Split Payment:

1 Ensemble		2 Ensembles	
September Cheque:	$177	September Cheque:	$265
January Cheque:	$168	January Cheque:	$255

Complete ALL Parts, Date and Sign

How did you find out about CMS? _____

Health and Safety Declaration
CMS requires that all members abide by health measures that are in effect under government, facility or Society guidelines, which may change from time to time, as deemed necessary.
☐ *I hereby declare that I shall abide by health measures that are in effect under government, facility or Society guidelines, which may change from time to time, as deemed necessary.*

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 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 contact information 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*

Date: **Signature:**