

Rehearsal Schedule		
Wednesday Band on the Bow Riverside Jazz	7:00pm – 8:45pm 8:45pm – 10:30pm	Bow Valley High School
Thursday Choral Waves	7:00pm – 8:45pm	Bow Valley High School
Rehearsals start September 4/5, 2024		

Membership Fees			
Joining in January? Pay ½ Ensemble(s) Fee			
Membership	\$10		
First Ensemble	\$325		
Second Ensemble	\$170		
Membership	1 st	2 nd	Total
\$10			\$10
\$10	\$325		\$335
\$10	\$325	\$170	\$505
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: <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"/> Bas	FULL PAYMENT is required at the beginning of the season in 1 current, or 1 current +1 postdated (January) Total Payment: 1 Ensemble \$335 2 Ensembles \$505 Split Payment: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Ensemble</td> <td style="width: 50%; text-align: center;">2 Ensembles</td> </tr> <tr> <td style="text-align: center;">September Cheque: \$173</td> <td style="text-align: center;">September Cheque: \$258</td> </tr> <tr> <td style="text-align: center;">January Cheque: \$162</td> <td style="text-align: center;">January Cheque: \$247</td> </tr> </table>	1 Ensemble	2 Ensembles	September Cheque: \$173	September Cheque: \$258	January Cheque: \$162	January Cheque: \$247
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September Cheque: \$173	September Cheque: \$258						
January Cheque: \$162	January Cheque: \$247						

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:** _____