

Mississippi Singing Churchmen

MEMBERSHIP REGISTRATION FORM

Total Amount Due for Music and Dues: \$25

**(Note: If you are a *lifetime* member, please complete this form, no dues needed.)
(Please only complete if new member or change of contact information.)**

Name _____

Church _____

Home Address _____

Church Address _____

City _____ Zip _____

City _____ Zip _____

Home Phone (____) _____

Church Phone (____) _____

Cell Phone (____) _____

E-mail Address _____

E-mail Address _____

Church Fax _____

Birth Date ____/____/____ Wedding Ann. ____/____/____

Church Ann. ____/____/____ Totals Yrs. Min. _____

Wife's First Name _____

Position _____

Voice Part (circle): T1 T2 B1 B2

Handbell Experience (circle): Yes No

Instrument(s) Played _____

Yrs. of Handbell Experience _____

Yrs. of Instrumental Experience _____

Signature _____ Date _____

Please make check payable to Mississippi Singing Churchmen and mail the completed form with check to:
Mississippi Singing Churchmen, Worship Ministries, PO Box 530, Jackson MS 39205-530.

Please make a copy of this form and retain for your records.

For office use only:

Date Received in Office ____/____/____

Check number _____ **Amount paid** _____