



Personal Information:

Name (FML) _____
Address _____
City, St. Zip _____
Home Phone _____ Cell _____
E-mail _____
Section (circle) Sop Alto Tenor Bass
Birthday month _____ day _____

Emergency Contact Information:

Name: _____
Phone (w) _____ (h) _____ (c) _____
Address _____

City of Angels Community Choir Photography/Video Release

_____ YES, I give my permission to the COACC to use photographs of me in publications, news releases, on the COACC web page, Facebook, Instagram and other social media and/or promotional material

Code of Conduct & Membership Agreement

_____ I acknowledge that I have received, read and agree to the COACC Code of Conduct.

_____ I agree to support COACC Fundraising by selling the recommended amount of tickets to each of the season's events including, but not limited to Christmas Concert, and Spring Concert and to pay membership dues each season.

Full Name _____ Signature _____ Date _____
(Please Print)

FOR OFFICE USE ONLY

Fall Session _____ Spring Session _____ Both Sessions _____ Music Fee _____
Cash _____ Check _____ Amount _____

Please make checks payable to: COACC