

Please print legibly

ProMusica Arizona Chorale & Orchestra (PMAZ)  
**2018-2019 Membership Application**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City, Zip: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Does your employer match gifts to arts organizations? \_\_\_\_\_

**(CHORALE ONLY) HEIGHT WITH CONCERT SHOES ON: \_\_\_\_\_**

**I am applying for/renewing membership in:**

_____ <b>Chorale</b>	_____ 1 <sup>st</sup> Soprano	_____ 2 <sup>nd</sup> Soprano
	_____ 1 <sup>st</sup> Alto	_____ 2 <sup>nd</sup> Alto
	_____ Tenor	_____ Baritone/Bass

\_\_\_\_\_ **Orchestra** Instrument: \_\_\_\_\_

***I understand that by applying for membership, I agree to:***

- 1. Attend all regularly scheduled rehearsals, sectionals when scheduled, and performances.**
- 2. Contact my ensemble manager as soon as possible if I cannot attend a rehearsal.**
- 3. Forfeit my membership without a refund of dues if the Artistic Director determines that:**
  - I have excessive absences.**
  - I exhibit a general lack of participation.**
  - I demonstrate a lack of knowledge of my music.**
- 4. Take good care of the music that I am given.**
- 5. Make rehearsal markings in my music often and in pencil.**
- 6. Pay for replacement music if I should lose it or return it in unusable condition.**
- 7. Pay or make arrangements for payment of my annual membership dues.**
- 8. Volunteer time as needed.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian email address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**New Students Only:** A recommendation from your teacher/director is required:

I (director's name) \_\_\_\_\_, recommend my student for membership in PMAZ.  
I can attest to his/her musicianship, dedication, and professionalism. If you have further questions or concerns,  
please contact me at (phone and/or e-mail): \_\_\_\_\_

PMAZ annual dues are **\$175 (Each additional family member's dues are \$155).**

I intend to pay my annual dues: \_\_\_\_\_ in cash \_\_\_\_\_ by check

\_\_\_\_\_ with a Credit Card (please fill in information below; a \$7 handling charge will be added to your dues)

\_\_\_\_\_ in two (2) installments: 1<sup>st</sup> annual dues installment of \$90 due **by the first rehearsal**  
2<sup>nd</sup> annual dues installment of \$85 due no later than **November 1, 2018**

Credit Card Payment Information: \_\_\_\_\_ VISA \_\_\_\_\_ Mastercard

Name as it appears on credit card: \_\_\_\_\_

Billing Address on credit card: \_\_\_\_\_

\_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

	<u>Rate</u>	<u>Amt. Paid</u>
<b>Annual Membership Dues:</b>	<b>\$ 175</b>	\$ _____
<b>Handling Fee (credit card payment):</b>	<b>\$ 7</b>	\$ _____
<b><i>Tax Deductible Donation to <u>PMAZ</u>:</i></b>		\$ _____
<b>Total Payment:</b>		\$ _____

**Grant Applications' Requirement**

In order to receive grants, PMAZ is required to provide the following information.

**Directions:** *Circle the appropriate information.* Completing this section is optional.

**Age Range:**    Teens      20s      30s      40s      50s      60s      70s      80+

**Ethnicity:**    Caucasian      Hispanic      African American      Asian      Native American      Other

**PMAZ Privacy Statement**

PMAZ maintains a database of current and past members, which includes each member's address, phone number, and email address. The list is also used to ensure effective communication with the members via email, phone, or snail mail. PMAZ treats its membership list with confidentiality and respect. We intend to take all reasonable steps to protect the privacy of all personal information provided to us. (The complete privacy statement can be seen page 3 of the Member Policy Handbook.)

ProMusica Arizona Chorale & Orchestra (PMAZ)  
**WAIVER AND RELEASE FROM LIABILITY**

I, (participant name), HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge PMAZ and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of, or for the benefit of, PMAZ, provided that this waiver of liability DOES NOT APPLY TO ANY ACTS OF GROSS NEGLIGENCE, OR INTENTIONAL, WILLFUL, OR WANTON MISCONDUCT.

I understand that the activities and functions in which I participate are volunteer in nature, and/or for the benefit of a 501(c)(3) non-profit organization, and that such activities and functions may be considered (but do not have to be) dangerous and/or may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property that I may have against the aforementioned released party to such activity.

By this Waiver, I assume any risk and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with PMAZ including but not limited to any volunteer activities, community events or leagues, using the facility and its equipment, practicing and/or engaging in organizational functions, philanthropic activities, other nonprofit or for profit engagements or functions and fundraisers or other related activities on and off the premises.

This WAIVER AND RELEASE contains the entire agreement between the parties and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of PMAZ, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE, I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. If I am entering this agreement on behalf of a legal minor, I verify by my signing that I am the true legal guardian of said minor. I am 18 years of age or older and mentally competent to enter into this waiver on my behalf, or on behalf of the minor so named.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Guardian if participant is under 18)      \_\_\_\_\_  
Signature (Guardian if participant is under 18)

ProMusica Arizona Chorale & Orchestra (PMAZ)  
**ASSIGNMENT OF RIGHTS AND CONSENT TO  
 PUBLICATION OF PHOTOGRAPHS  
 AND/OR VIDEO RECORDINGS**

I \_\_\_\_\_, do hereby assign and transfer to PMAZ, any and all rights relating to photographs and/or video recordings taken at the direction of PMAZ in regard to PMAZ rehearsals, performances or posed publicity photos, in any setting, whether group or individual and for commercial or non-commercial use and publication.

I understand that these pictures will become the property of PMAZ, and I relinquish all rights to compensation for said photographs. I understand that PMAZ has the right as owner of the photos to resell or publish the photos in any medium, including but not limited to newspapers, brochures, magazines, e-mail, or websites. I understand that I have no right to preview or approve photos prior to publication.

This assignment of rights and consent to publication applies to photos taken for PMAZ from **July 1, 2018 through June 30, 2019.**

\_\_\_\_\_  
 Printed Name (Guardian if participant is under 18)

\_\_\_\_\_  
 Signature (Guardian if participant is under 18)

ProMusica Arizona Chorale & Orchestra (PMAZ)
VOLUNTEER ASSISTANCE FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

As you know PMAZ is a volunteer organization! Besides your commitment to rehearsals, we need additional help with the planning and presentation of our season. Please indicate which area(s) you might assist us with by indicating your name by the appropriate activity. Please indicate the initials of spouses, adult children, and friends who might also be interested in volunteering for a given activity. Include their full contact information at the bottom of the form, and we will reach out to them regarding their helping us make our season more successful.

House Management: \_\_\_ Usher \_\_\_ Box office help at concerts \_\_\_ Concession sales

Membership: \_\_\_ Welcome new members \_\_\_ Enter member information in database
\_\_\_ Concert Attire Coordinator \_\_\_ Special member events/parties/monthly celebration
\_\_\_ Wedding, birth and sympathy cards \_\_\_ Coordinate assistance to members in need
\_\_\_ Assist with music library \_\_\_ Collect member forms

Marketing/PR: \_\_\_ Help with Ad Sales \_\_\_ Poster/Flyer Distribution Assistance
\_\_\_ Write press releases \_\_\_ Proof concert programs \_\_\_ Manage social media
\_\_\_ Write program notes \_\_\_ Update email lists \_\_\_ Write/Update website content
\_\_\_ Write/prepare/edit e-mail blasts

Fundraising: \_\_\_ Solicit donations from businesses or individuals \_\_\_ Assist with patron events
\_\_\_ Assist with fundraising events \_\_\_ Solicit program advertising \_\_\_ Write grants

Production: \_\_\_ Stage manager \_\_\_ Stage crew \_\_\_ Building sets \_\_\_ Props \_\_\_ Costumes \_\_\_ Lights
\_\_\_ Sound \_\_\_ Video recording \_\_\_ Logistics (moving equipment) \_\_\_ Provide vehicle for Logistics
\_\_\_ AV editor \_\_\_ AV technician

Office Assistance: \_\_\_ Filing \_\_\_ Donation letter processing \_\_\_ IT \_\_\_ Database maintenance

Family/Friends Contact Information:

Names, phone numbers and e-mail addresses of friends and family indicated above

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your help! Together we will continue to grow.