

Membership Application



110 7th Ave N, Nashville TN 37203 - customerservice@barbershop.org - 800.876.SING (800.876.7464)

| | | | | | |
|--|--|---|---|---|---|
| SECTION 1 – Personal Information (please print) | | | Previous or Current Member ID: _____ | | |
| First Name (required) | | Middle Initial | Last Name (required) | | Nickname |
| Email (required – will be your Member Center username) | | Gender (M or F) | | | Some programs may be based upon whether an individual is male or female. We recognize that these words do not define everyone. If you would like to share additional information about how you identify, please contact Customer Service. |
| Birthday (required – mm/dd/yyyy) | | Contact Phone (required) | | Other Phone | |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | |
| How did you hear about us? (check one) | | | | | |
| <input type="checkbox"/> BHS Email <input type="checkbox"/> BHS Website <input type="checkbox"/> Chorus Performance | | <input type="checkbox"/> Quartet Performance <input type="checkbox"/> Member Referral <input type="checkbox"/> Outreach Event | | <input type="checkbox"/> Singing Valentine <input type="checkbox"/> Social Media <input type="checkbox"/> Other (please specify): _____ | |
| Spouse or Significant Other | | Primary Voice Part (Tenor, Lead, Bari, Bass) | | Person of Note (referring member) | |
| | | | | Name: Member ID: | |
| Home Address (all address fields required) | | | City | State/Province | ZIP/Postal Code |
| SECTION 2 – Membership Information | | | Check One: <input type="checkbox"/> New <input type="checkbox"/> Reinstatement <input type="checkbox"/> Dual <input type="checkbox"/> Transfer | | |
| Chapter Name <i>DuPage Valley Chapter</i> | | Chapter Code <i>E066</i> | Chorus Name <i>Chorus of DuPage</i> | | Previous Chapter (Transfers Only) |
| SECTION 3 – Dues and Payment | | | Save time and money by joining online at members.barbershop.org ! | | |
| Application Processing Fee: \$ <u>10</u> Regular Senior 75+ Youth <25 Society Dues: \$ 144 \$108 \$72 District Dues: \$45 Chapter Dues: \$20 Chorus Dues (if applicable): \$ _____ Check Fee (include \$10 if applicable): \$ _____ Canadian Exchange Rate: X _____ (please refer to barbershop.org/docs for current Canadian exchange rate) Regular Senior +75 Youth <25 TOTAL DUE: \$219 \$173 \$137 | | | IMPORTANT NOTES <u>New and Reinstating</u> paper applications require a \$10 processing fee, to be included with payment <u>Transfers</u> do not require a processing fee or payment, but must be current. <u>All checks</u> require a \$10 processing fee, to be included with payment. Please consult page 2, Membership Reporting & Dues Calculation, or contact your Chapter Leadership for questions about dues amounts. For additional assistance, contact Customer Service. | | |
| Credit Card # (VISA, MasterCard, Discover, American Express all accepted) | | | Expiry Date (required) | CVV (required) | |
| Billing Address (required if different from Home Address) | | | City | State/Province | ZIP/Postal Code |
| SECTION 4 – Authorization (both applicant and chapter officer must sign this agreement) | | | | | |
| Applicant - I hereby agree, upon being accepted, to abide by the bylaws and policies of the Barbershop Harmony Society. I attest that I have read, accept, and agree to conduct myself in a manner consistent with the Society Code of Ethics and Youth Policy. I further attest that I am not a registered sex offender, and I am not named on any federal, state, or provincial sex offender registry. | | | President, Secretary, Treasurer, Membership Dev. - Chapter approval for this application is hereby granted (HQ staff will approve Frank Thorne members). Applicant's membership starts on the date the application is processed. | | |
| Applicant Signature | | | Date | Officer Signature | |
| | | | | Officer Member ID | |
| CUSTOMER SERVICE USE ONLY --- DO NOT FILL OUT THIS SECTION | | | | www.barbershop.org/docs Revised 02/2021 | |
| <input type="checkbox"/> R <input type="checkbox"/> C completed by _____ date _____ | | | | | |