



Tel: 202-797-0700, Toll Free: 888-6-Do-Re-Mi (888-636-7364), Fax: 202-797-0771
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2012 MEMBERSHIP APPLICATION & CONCERT REGISTRATION FORM

Please print in black ink, or type. Use one form per person. Make a blank copy for friends if needed.

Mail completed form to: MMG, Attn: Robert Wisleder, 45 Kimball Beach Road, Hingham, MA 02043-1145

Personal Information :

| | | | | | | | | | |
|--|-----|------------|-------------|------------|--------|----|----|-------------------------------------|---------------|
| Name Last | | First | | Home # () | | | | | |
| Home Address | | | | Cell # () | | | | | |
| City | | Work # () | | Fax # () | | | | | |
| State | Zip | E-mail* | | | | | | | |
| Occupation | | | New member? | | Yes No | | | | |
| Medical Specialty: (If applicable) | | | | Gender: | M F | | | | |
| Musical Experience (If new member) (Please indicate if you can serve as soloist, section leader or principal): | | | | | | | | | |
| How did you hear about our group? | | | | | | | | | |
| Please indicate your performance status by entering the appropriate information below: | | | | | | | | | |
| Chorus (check one) | S1 | S2 | A | T1 | T2 | B1 | B2 | [] Orchestra (indicate instrument) | [] Companion |
| Any Special Requirements? | | | | | | | | | |

REGISTRATION FEES

Registration fees are \$100.00 annually per individual and are valid for the calendar year in which they are paid. By paying registration fees, you receive mailings, reports, and information and qualify for hotel and other discounts related to U.S. and overseas tours and performances.

Please consider making an optional, supporting contribution. All are *greatly* appreciated.

- [] **Benefactor:** \$1,000 and over
- [] **Super Hero:** \$500 - 999
- [] **Champion:** \$250 - 499
- [] **Donor:** \$150 - \$249
- [] **Patron:** \$75 - \$149
- [] **Sponsor:** under \$75

Please check which concerts you expect to participate in:

| | | |
|-----------------------------------|-----------|--------------|
| Flag Day (DC) ? | June 2012 | Y / N |
| Veterans Day (New York??) | Nov. 2012 | Y / N |
| Overseas Tour (???) | Nov. 2012 | Y / N |
| Registration Fee: (Yearly) | \$ 100.00 | |
| Donation: Thank you! | \$ | |
| Other (Please indicate) | \$ | |
| Total Enclosed: | \$ | |

Donations are tax deductible. They help defray the ever increasing costs of concert production and administrative expenses.

Registration fees are refundable if you are not accepted for this year's program. **EARLY REGISTRATION**

DEADLINE: JANUARY 10, 2012.

Make checks payable to Medical Musical Group

If you need a receipt, please enclose a stamped self-addressed envelope.

Send Form & Check to: Medical Musical Group, Attn: Robert Wisleder, 45 Kimball Beach Road, Hingham, MA 02043-1145

You may also register online at www.medicalmusical.org, click on "Join"