The Advent Chorale of WNY
2025 Member Dues Form

Member Name:_____ $30 Dues: ___Cash ___Check #_____
(Please Print)

Additional Family Member(s) in the same household:

Name:_____ $10 Dues: ___Cash ___Check #_____

Name:_____ $10 Dues: ___Cash ___Check #_____

Name:_____ $10 Dues: ___Cash ___Check #_____

_____ I am unable to pay dues this year.

Thank you for your support of the AC of WNY through your membership dues.
Make checks payable to AC of WNY.

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Advent Chorale of Western New York

Name_____

Address_____

City_____ State_____Zip_____

Home Phone_____

Cell Phone_____

E-mail _____

Best place to call if need to cancel rehearsal:_____

VOICE PART

S A T B

❑ Yes, please e-mail
Chorale announcements

I would be willing to help with:

❑ Fundraising ❑ Concert Program ❑ Registration Desk ❑ Grant Writing ❑ Steering Committee

Attendance: 1 2 3 4 5 6 7 8 9