



Tel: 202-797-0700, Toll Free: 888-6-Do-Re-Mi (888-636-7364), Fax: 202-797-0771
 Email: vanmmg@hotmail.com, Website: www.medicalmusical.org

2017 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: Richard Kuntz, 332 River Bend Road, Great Falls, VA 22066-4140

Personal Information :

Name Last		First		Home # ()						
Home Address				Cell # ()						
City				Work # ()						
State		Zip		E-mail*						
Occupation				New member?						
				Yes	No					
Health Care 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?										
* Due to the increasing costs of printing and postage, all updates and other correspondence will be sent to this email address unless delivery by US Mail is specifically requested under "Any Special Requirements?" below.										
Please indicate your performance status by entering the appropriate information below:										
Chorus		S1	S2	A	T1	T2	B1	B2	[] Orchestra (indicate instrument)	[] Companion
(check one)										
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

Donations are tax deductible. MMG is a 501(c)(3) nonprofit. They help defray the ever increasing costs of concert production and administration expenses. Registration fees are refundable if you are not accepted for this year's program.

Please check the concerts in which you expect to participate:

- Spirit of 45 Concert (Alexandria, VA):** Aug. 13, 2017 Y / N
- Veterans Day (Location To Be Determined?):** Nov. 5, 2017 Y / N
- Foreign Tour: San Jose, Costa Rica (Nov. 6-12)/**
- (Optional) Granada, Nicaragua (Nov. 12-16)** Y / N

Registration Fee: (Yearly) \$ 100.00
Donation: Thank you! \$ _____
Other (Please indicate) \$ _____
Total Enclosed: \$ _____

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: Richard Kuntz, 332 River Bend Road, Great Falls, VA 22066-4140

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