



THE AMERICAN FEDERATION PUERI CANTORES

Choir Membership Application

Choir Name: _____

Choir Information

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Number of Choir Singers: _____ Diocese: _____

Sponsor Information

Church/School/Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Registration and Invoice

Please enclose Membership Fee with Choir Membership Application

Annual Membership Fee*: \$75.00 Rehearsal CD (optional): \$20

New membership Membership renewal Rehearsal CD

TOTAL: \$ _____ Check enclosed payable to American Federation Pueri Cantores

Date: _____

Signature: _____

*Annual memberships coincide with the school year - from August 1-July 31

American Federation Pueri Cantores
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