



**MEMBERSHIP APPLICATION 2016 – 2017**  
 "And With My Song Will I Praise Him" Psalm 28:7

**Thank you for your interest in joining AKOMA. In order to become a member you must be referred by a current member in good standing.**

**APPLICANT INFORMATION**

Name:				
Current address:				
City:		State:		Zip Code:
Date of birth:	Home:	Cell:	email:	

**EMPLOYMENT INFORMATION**

Current employer:	
Position:	
Phone:	email:

**MUSICAL BACKGROUND**

Voice:	Soprano:	Alto:	Tenor:
List Instrument(s) or other musical activity that apply: <i>solo, direct, etc.</i>			

**CHURCH**

Name:				
Pastor:				
Address:		City:	State:	Zip Code:
email:	Website:			
Are you a member of your church choir? Yes      No		Are you a member of any other choir? Yes      No		

**USE THE SPACE BELOW TO WRITE YOUR RESPONSE(S): WHY DO YOU WANT TO BE A MEMBER OF AKOMA?**

**REFERRED BY AKOMA MEMBER (LIST NAME)**

Name:	Address:	Phone:
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**CHECK THE COMMITTEE YOU HAVE AN INTEREST IN PARTICIPATING ON**

Bylaws:	Finance:	Hospitality:	Membership:
Music:	Program Planning:	Public Relations:	Scholarship :
Strategic Planning:	Technical Support:	Website:	

[www.akoma.org](http://www.akoma.org)

AKOMA  
 African American Women's Gospel Choir  
 P.O. Box 19627  
 Rochester, NY 14619



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I affirm that the information given on this application is accurate. If accepted in the AKOMA sisterhood, I agree to abide by the guidelines and expectations of the choir.

**SIGNATURES**

Signature of applicant:	Date:
Signature of Membership Chair:	Date:

**EMERGENCY CONTACT**

Name:	Relationship:	
Address:	Phone:	
City:	State:	Zip Code: