



MEMBERSHIP APPLICATION
 "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:				
Employer address:				
Phone:		email:		Fax:
City:		State:		Zip Code:
Position:				

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:
email:		Website:		Zip Code:
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:	Public Relations:
Scholarship:	Technical Support:	Website & Social Media:

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:

Please print, sign and mail to:

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