

ProMusica Arizona Chorale & Orchestra (PMAZ)
2025-2026 MEMBERSHIP APPLICATION

Name: _____ Mobile phone: _____

Address: _____ B'day (MM/DD): _____

City and zip code: _____ Spouse/partner: _____

E-Mail: _____ Employer/school: _____

Does your employer match gifts to non-profit organizations? _____

I am applying for/renewing membership in:

_____ **Chorale**

_____ Soprano

_____ Alto

_____ Tenor

_____ Baritone/Bass

_____ **Orchestra**

Instrument(s): _____

PMAZ annual dues are **\$200 (each additional adult family member's dues are \$180; each additional teen family member's dues are \$90).**

I intend to pay my annual dues: _____ in cash _____ by check _____ by credit card

(For payment by credit card, a processing charge will be added to your dues payment.) **Dues can be paid in full by credit card by logging into the Members tab at pmaz.org. Click on "Pay Dues Now."** Please note that installment payments must be paid by check (give to Sue Mayfield).

I intend to pay my **annual** dues:

_____ in one (1) installment: Due **by the first rehearsal.**

_____ in two (2) installments: 1st annual dues installment due **by the first rehearsal.**

2nd annual dues installment due no later than **November 1, 2025.**

INFORMATION FOR GRANT APPLICATIONS
(completing this section is optional):

Age Range:

_____ Teens _____ 20s _____ 30s _____ 40s

_____ 50s _____ 60s _____ 70s _____ 80+

Ethnicity:

_____ Caucasian _____ Hispanic _____ African American

_____ Asian _____ Native American _____ Other

VOLUNTEER ASSISTANCE

Name: _____ Phone: _____

Email: _____

As you know, PMAZ is a volunteer organization. In addition to your commitment to rehearsals, we need additional help with the planning and presentation of our season. Please check the spaces below indicating your volunteer interest(s). **If you have family members or friends who are interested in volunteering, enter their initials in the space(s) next to their volunteer interest(s) and include their full contact information at the bottom of the form. They will be contacted to fill volunteer positions.**

House Management: ____ Usher ____ Ticket sales ____ Concession sales

Membership: ____ Welcome new members ____ Enter member information in database
 ____ Concert attire coordinator ____ Special member events/parties
 ____ Wedding/birth/sympathy/get well cards ____ Coordinate assistance to members in need
 ____ Assist with music library

Marketing/PR: ____ Poster/flyer distribution assistance ____ Write press releases
 ____ Proof concert programs ____ Manage social media ____ Educational outreach

Fundraising: ____ Solicit donations from businesses or individuals ____ Assist with patron events
 ____ Assist with fundraising events ____ Solicit program advertising ____ Research grants

Production: ____ Stage manager ____ Stage crew ____ Lights ____ Sound ____ Video recording
 ____ Logistics (moving equipment) ____ Provide vehicle for logistics ____ AV editor ____ AV technician

Office Assistance: ____ Filing ____ Donation letter processing ____ Database maintenance

Family/Friends Contact Information:

Names, phone numbers, and e-mail addresses of family members and/or friends indicated above:

PMAZ PRIVACY STATEMENT

PMAZ maintains a database of current and past members, which includes each member's address, phone number, and email address. The list is also used to ensure effective communication with the members via email, phone, or snail mail. PMAZ treats its membership list with confidentiality and respect. We intend to take all reasonable steps to protect the privacy of all personal information provided to us. (The complete privacy statement can be seen on page 4 of the Member Policy Handbook.)

CONDITIONS OF MEMBERSHIP

I understand that by applying for membership, I agree to:

1. Attend all regularly scheduled rehearsals, sectionals when scheduled, and performances.
2. Contact my ensemble manager as soon as possible if I cannot attend a rehearsal.
3. Forfeit my membership without a refund of dues if the Artistic Director determines that:
 - I have excessive absences.
 - I exhibit a general lack of participation.
 - I demonstrate a lack of knowledge of my music.
4. Take good care of the music that I am given.
5. Make rehearsal markings in my music often and in pencil.
6. Pay for replacement music if I should lose it or return it in unusable condition.
7. Pay or make arrangements for payment of my annual membership dues.
8. Volunteer time as needed.

WAIVER AND RELEASE FROM LIABILITY

I hereby waive and release, indemnify, hold harmless and forever discharge PMAZ and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of, or for the benefit of, PMAZ, provided that this waiver of liability DOES NOT APPLY TO ANY ACTS OF GROSS NEGLIGENCE, OR INTENTIONAL, WILLFUL, OR WANTON MISCONDUCT.

I understand that the activities and functions in which I participate are volunteer in nature, and/or for the benefit of a 501(c)(3) non-profit organization, and that such activities and functions may be considered (but do not have to be) dangerous and/or may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property that I may have against the aforementioned released party to such activity.

I understand that if I use my own vehicle in any activity operated, organized, arranged or sponsored by PMAZ, I shall do so at my own risk, and shall hold PMAZ, its staff, representatives, and agents harmless from any loss, cost, claim, injury, damage, and all liability, sustained or incurred by me or my property resulting therefrom.

By this Waiver, I assume any risk and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with PMAZ including but not limited to any volunteer activities, community events or leagues, using the facility and its equipment, practicing and/or engaging in organizational functions, philanthropic activities, other nonprofit or for profit engagements or functions and fundraisers or other related activities on and off the premises.

This WAIVER AND RELEASE contains the entire agreement between the parties and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of PMAZ, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE, I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. If I am entering this agreement on behalf of a legal minor, I verify by my signing that I am the true legal guardian of said minor. I am 18 years of age or older and mentally competent to enter into this waiver on my behalf, or on behalf of the minor so named.

ASSIGNMENT OF RIGHTS AND CONSENT TO PUBLICATION OF PHOTOGRAPHS AND/OR VIDEO RECORDINGS

I do hereby assign and transfer to PMAZ, any and all rights relating to photographs and/or video recordings taken at the direction of PMAZ in regard to PMAZ rehearsals, performances or posed publicity photos, in any setting, whether group or individual and for commercial or non-commercial use and publication.

I understand that these pictures will become the property of PMAZ, and I relinquish all rights to compensation for said photographs. I understand that PMAZ has the right as owner of the photos to resell or publish the photos in any medium, including but not limited to newspapers, brochures, magazines, e-mail, or websites. I understand that I have no right to preview or approve photos prior to publication.

Printed Name (Guardian if participant is under 18)

Signature (Guardian if participant is under 18)

Date