

**Pilgrim Festival Chorus**  
**Request for Waiver of Member Dues**

Today's Date: \_\_\_\_\_ Your Name \_\_\_\_\_ Voice: S A T B (circle one)

E-Mail Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Type of Request (check one): Student \_\_\_\_\_ Hardship \_\_\_\_\_

**For Full Time students:**

Name of School \_\_\_\_\_

Program of Study: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Request 50% waiver of dues \_\_\_\_\_ **You are expected to pay for your music.**

**For Hardship:**

Reason for waiver request:

\_\_\_\_ Insufficient income/Unemployment

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request 50% waiver of dues \_\_\_\_\_ **You are expected to pay for your music.**

**Extraordinary circumstances of need will be dealt with on an individual basis**

**When approved by the Board of Directors at their monthly meeting, you will receive notification of your waiver status via E-mail or a telephone call.**