



Voices of Canton Inc.

**Member Information Form** *please print legibly!*

**THIS INFORMATION WILL BE DISTRIBUTED WITHIN VOCI – PLEASE INDICATE ANY PRIVATE INFORMATION TO BE KEPT CONFIDENTIAL!**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phones (H) \_\_\_\_\_ (C) \_\_\_\_\_ (O) \_\_\_\_\_  
*Please note if any numbers are unlisted*

Emails \_\_\_\_\_ Birthday \_\_\_\_\_

**TALENT BANK:**

Professional: *please list any and all professional areas in which you work or have worked*

Personal Talents: *please list personal abilities, interest areas, and creative areas which may be valuable assets to VOCI projects*

Sponsorship: *please list your personal contacts to businesses and/or organizations which may provide financial support to VOCI projects.*

**FOR OFFICE USE ONLY**

AUDITION: Date \_\_\_\_\_ Director Signature \_\_\_\_\_

\_\_\_\_\_ Part Assigned \_\_\_\_\_ Mentor Assigned

\_\_\_\_\_ Handbook Presented

\_\_\_\_\_ Contact Information Checked

\_\_\_\_\_ Folder Number Assigned

Distribution: \_\_\_\_\_ VOCI Office \_\_\_\_\_ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

Dues Paid \_\_\_\_\_ Librarian \_\_\_\_\_ Chair \_\_\_\_\_ Section Leader