

Barbershop Harmony Society Membership Forms

Membership Application

For new members, reinstating members, members “dueling” into an additional chapter, and members transferring into a different chapter.

Membership Reporting & Dues Calculation

A rundown of dues categories and qualifications. Very important information for Chapter Secretaries and Membership VPs.

EZDues Enrollment Form

A separate form for members enrolling in monthly payment of their dues after their first/current year’s dues are paid.

EZDues Plan Explanation

Terms and conditions of the EZDues program, including an example and FAQ’s.

Youth Membership Form

Required for all members under the age of 18, and must be checked annually for accuracy by the chapter until that member turns 18. Please note that if the member is not joining a chapter, the assignment of chapter supervisor(s) is not required, but Parent/Guardian and Youth Member signatures are still required.



Membership Application



110 7th Ave N, Nashville TN 37203 - customerservice@barbershop.org - 800.876.SING (800.876.7464)

SECTION 1 – Personal Information <i>(please print)</i>			Previous or Current Member ID: _____		
First Name <i>(required)</i>		Middle Initial	Last Name <i>(required)</i>		Nickname
Email <i>(required – will be your Member Center username)</i>		Gender <i>(M or F)</i>			Some programs may be based upon whether an individual is male or female. We recognize that these words do not define everyone. If you would like to share additional information about how you identify, please contact Customer Service.
Birthday <i>(required – mm/dd/yyyy)</i>		Contact Phone <i>(required)</i>		Other Phone	
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
How did you hear about us? <i>(check one)</i>					
<input type="checkbox"/> BHS Email		<input type="checkbox"/> Quartet Performance		<input type="checkbox"/> Singing Valentine	
<input type="checkbox"/> BHS Website		<input type="checkbox"/> Member Referral		<input type="checkbox"/> Social Media	
<input type="checkbox"/> Chorus Performance		<input type="checkbox"/> Outreach Event		<input type="checkbox"/> Other <i>(please specify):</i> _____	
Spouse or Significant Other		Primary Voice Part <i>(Tenor, Lead, Bari, Bass)</i>		Person of Note <i>(referring member)</i>	
				Name: Member ID:	
Home Address <i>(all address fields required)</i>			City		State/Province ZIP/Postal Code
SECTION 2 – Membership Information			Check One: <input type="checkbox"/> New <input type="checkbox"/> Reinstatement <input type="checkbox"/> Dual <input type="checkbox"/> Transfer		
Chapter Name		Chapter Code	Chorus Name		Previous Chapter <i>(Transfers Only)</i>
SECTION 3 – Dues and Payment			Save time and money by joining online at members.barbershop.org !		
Application Processing Fee: \$ <u>10</u> Society Dues: \$ _____ District Dues: \$ _____ Chapter Dues: \$ _____ Chorus Dues <i>(if applicable)</i> : \$ _____ Check Fee <i>(include \$10 if applicable)</i> : \$ _____ Canadian Exchange Rate: X _____ <i>(please refer to barbershop.org/docs for current Canadian exchange rate)</i> TOTAL DUE: \$ _____			IMPORTANT NOTES <u>New, Reinstating and Dual</u> applications require a \$10 processing fee, to be included with payment <u>Transfers</u> do not require a processing fee or payment, but must be current. <u>All checks</u> require a \$10 processing fee, to be included with payment. Please consult page 2, Membership Reporting & Dues Calculation, or contact your Chapter Leadership for questions about dues amounts. For additional assistance, contact Customer Service.		
Credit Card # <i>(VISA, MasterCard, Discover, American Express all accepted)</i>			Expiry Date <i>(required)</i>		CVV <i>(required)</i>
Billing Address <i>(required if different from Home Address)</i>			City		State/Province ZIP/Postal Code
SECTION 4 – Authorization <i>(both applicant and chapter officer must sign this agreement)</i>					
Applicant - I hereby agree, upon being accepted, to abide by the bylaws and policies of the Barbershop Harmony Society. I attest that I have read, accept, and agree to conduct myself in a manner consistent with the Society Code of Ethics and Youth Policy. I further attest that I am not a registered sex offender, and I am not named on any federal, state, or provincial sex offender registry.			President, Secretary, Treasurer, Membership Dev. - Chapter approval for this application is hereby granted (HQ staff will approve Frank Thorne members). Applicant's membership starts on the date the application is processed.		
Applicant Signature			Date		Officer Signature
					Officer Member ID

Customer Service Use Only:

www.barbershop.org/docs Revised 01/2019

R C completed by _____ date _____

Membership Reporting and Dues Calculation

Please visit www.barbershop.org/docs for the most up to date information

There are discounts for paying on-time and online. Visit the Member Center to learn more: members.barbershop.org

Category	Dues	Qualifications	Expiration Dates
New Member	Enrollment fee \$10.00 BHS Dues \$144.00 Subtotal \$154.00 + district & chapter dues	Enrollee has never been a member of the Barbershop Harmony Society.	Expiration date is one year past the date the member enrolls (the date the application is processed).
Renewal (RG, SN, SL, Y2)	BHS Dues RG: \$144.00 SN: \$108.00 SL: \$72.00 Y2: \$72.00 + district & chapter dues*	Member renews less than six months after expiration date.	Expiration is extended one year from previous expiration date.
Reinstated - (RG)	Reinstatement fee \$10.00 BHS Dues \$144.00 Subtotal \$154.00 + district & chapter dues	Former member re-enrolls more than six months after expiration date. Member can reinstate even years later.	Expiration date is one year past the date the member reinstates (the date the application is processed).
Reinstated - (SN) 70 or older with 10 years of service (both are required) ON or AFTER 1/1/2010	Reinstatement fee \$10.00 BHS Dues \$108.00 Subtotal \$118.00 + district & chapter dues*	Must be at least 70 years old and have been a BHS member for more than 10 years as of current expiration date.	Expiration date is one year past the date the member reinstates (the date the application is processed).
Reinstated - (SL) 70 or older with 10 years of service (both are required) ON or BEFORE 12/31/2009	Reinstatement fee \$10.00 BHS Dues \$72.00 Subtotal \$82.00 + district & chapter dues*	Must be at least 70 years old and have been a BHS member for more than 10 years as of current expiration date.	Expiration date is one year past the date the member reinstates (the date the application is processed).
Youth 1 - (Y1) 25 or younger with no prior years of service	Enrollment fee \$10.00 BHS Dues \$0.00 Subtotal \$10.00 + district & chapter dues*	Must be <i>under</i> 26 years old and have never been a member before. Any member who has more than one year of service is NOT eligible to be Y1.	Expiration date is one year past the date the member enrolls (the date the application is processed).
Youth 2 - (Y2) 25 or younger with at least one prior year of service	Enrollment fee \$10.00 BHS Dues \$72.00 Subtotal \$82.00 + district & chapter dues*	Must be <i>under</i> 26 years old and have been a member for at least one year.	Expiration date is one year past the date the member enrolls (the date the application is processed).
*Senior and Youth discounted rates apply to Barbershop Harmony Society membership dues only. Some chapters and districts may elect to offer dues reductions as well. Additional fees (district, chapter, etc.) may be at full rate.			
Dual Members	Dual fee \$10.00/Annually Dualing into a different district requires district dues also	Current member enrolls in new chapter for first time and retains membership in another chapter.	Expiration date remains same as current expiration date.
Transfer Members	No fee Chapter dues are always left up to the discretion of the chapter board of directors	Current member enrolls in new chapter for the first time and leaves former chapter. Requires clearance by secretary of chapter the member is leaving.	Expiration date remains same as current expiration date.
Lifetime Members	Twenty-five times current regular Barbershop Harmony Society dues rate	Life members continue to pay district and chapter dues annually.	Life membership terminates with member death, and is non-refundable.

CANADIAN EXCHANGE: Please visit the Barbershop Harmony Society website for the current Canadian Exchange Rate

www.barbershop.org/docs

Revised 01/2019

BHS EZDues Enrollment Form



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SECTION 1 – Personal Information (please print)		Previous or Current Member ID: _____	
First Name	Last Name		
Email Address (Your username for BHS Member Center)			
SECTION 2 – Credit Card or Checking Account Information			
Payment Option:	<input type="checkbox"/> I would like to use the Credit Card option and I have included my card information below.	<input type="checkbox"/> I would like to use the Checking Account option and I have included a voided check below. <i>Note: Currently, we cannot process International accounts.</i>	
Credit Card Number:			
Billing ZIP Code:	Card Type: (Check One)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover <input type="checkbox"/> American Express
Expiration Date: <i>(Month & Year)</i>	CVV: <i>(3 or 4 digit code on back or front if AMEX)</i>		
SECTION 3 – Member Type			
<input type="checkbox"/> I am a current Society Member, my member number is indicated above			
<input type="checkbox"/> I am a new or reinstating Society applicant <i>(to be submitted with Membership Application)</i> Reinstating members are only eligible for half price first year if they have been a non-member for longer than two years.			
SECTION 4 – Authorization (Please ensure that the applicant signs this agreement.)			
Applicant Signature: <i>By signing this form, I acknowledge that I have accepted the Terms and Conditions of the EZDues Program. For more information contact the BHS Customer Service Team at customerservice@barbershop.org.</i>			
<i>Signature of applicant:</i>			<i>Date:</i>

Attach Voided Check Here

BHS EZDues Plan Explanation

Revised 01/2019

How the plan works

So you've decided to join the Barbershop Harmony Society. Welcome! Now you're ready to pay your dues and set up the EZ Dues plan? Let's get started!

When you first join, you'll pay the new member/reinstatement fee of \$10, plus your first year of membership dues at **HALF PRICE** (that's 50% off all of your dues*). You are now a member in good standing for a full year from the date your application is processed.

Next, at the end of the month** that you join, you make your first monthly payment, which is just the dues that you would normally owe divided by twelve (see example below). Then your "Dues Valid Thru" date will be pushed back another month. This way, in any given month, you will always be paid a full year in advance. (This keeps your membership compliant with the bylaws. If you would like more details, contact Customer Service).

Finally, on your membership anniversary, BHS sends you your new membership card for that next year!

**Although we strongly encourage chapters to offer the half price discount for the first year, chapter dues are always left up to the discretion of the chapter board of directors.*

How about an example

Let's assume the following information is true:

Society Dues = \$144
District Dues = \$25
Chapter Dues = \$25
TOTAL DUES = \$194

Without enrolling in EZ Dues, your first payment is \$194 + \$10 new member fee = **\$204**

First payment with EZ Dues enrollment
 $\$194 \times .5 = \$97 + \$10 \text{ new member fee} = \underline{\$107}$

Monthly payment on EZ Dues plan
 $\$194 / 12 \text{ months} = \underline{\$16.17}$

Frequently Asked Questions

How can I pay?

We accept Visa, MasterCard, Discover and American Express. You can also pay via automatic bank draft (please attach or scan a voided check with your enrollment form). Also, note that your initial payment must be made with either a card or a *completed* (not voided) check.

When will the money be withdrawn?

**Payments are processed at the end of each month, on the third-to-last business day.

What if I need to update my payment information?

If your card information changes, you move to another bank, or you just want your payments taken out of another account, you'll need to notify us of that change. You can either log into the Member Center (members.barbershop.org), and on your profile page click "Add/Update Payment Info", or you can contact Customer Service for assistance.

What happens if I miss a payment?

If we are unable to process your payment, you will receive an email notification to update your payment information in the Member Center. At the end of the month, our system will automatically attempt to catch you up. If we are unable to take a payment for three months in a row, your EZ Dues payments will be cancelled.

Will my payments change?

Since your payments are determined by your BHS, district and chapter dues, your payments may change if any of these dues rates increases/decreases, or if you drop or add subscriptions.

What if I'm a current or previous member? Can I pay monthly?

Yes, existing members can get on EZ Dues as well, but what you need to pay will vary. Please contact Customer Service for more details.

What if I don't want to make payments anymore?

You can cancel anytime! (Note: cancellations in the first six months are subject to revocation of the initial 50% discount). Once your payments have been cancelled, you will continue on an annual renewal cycle.

(Note: All dues payments are non-refundable)



Youth Membership Form

Chapter of the Barbershop Harmony Society

Youth Full Name: _____

Youth Date of Birth: ____/____/____ Youth SSN#: ____-____-____

Parent/Guardian Name: _____

Parent/Guardian Relationship: _____

Parent/Guardian Phone #: _____

Name of Primary Supervisor: _____

Name of Secondary Supervisor: _____

Supervisors should only be assigned if the youth member is joining a Chapter.

Consent and Agreement by Parent/Guardian

I am the parent or legal guardian of the Youth named above. The Youth desires to apply for membership in the Barbershop Harmony Society [Society for the Preservation and Encouragement of Barber Shop Quartet Singing in America, Inc. (SPEBSQSA)], hereby referenced as "Society" as a member of the Chapter named above. I acknowledge that I have received a copy of the Society Youth Policy Statement and the Youth Policy Statement of the _____ Chapter, have reviewed and understand the same, and have had the opportunity to discuss the same with officers of the chapter. I have also carefully reviewed and discussed the Policy Statement(s) with the Youth, particularly his obligations and responsibilities as a member of the Society and the Chapter. I understand that the Youth's participation in the activities of the Chapter and the Society may involve local or long distance travel to and from events, and attendance by the Youth at events or activities which may take place late at night, and/or where alcohol may be consumed by adults. I further understand that my consent and agreements, as set forth below, are conditions to the approval of the Youth's membership.

I hereby consent to the Youth joining and becoming a member, and participating in all activities of the Society and the Chapter. I agree to be responsible for, and promptly to discharge, all financial obligations of the Youth to the Chapter and the Society. I assume and accept full responsibility for the active supervision of the Youth, and for all actions of the Youth, during or arising out of all activities in which the Youth participates. If I am a member of the Chapter I will diligently perform such supervision at all times. If I am not a member of the Chapter (or in my absence, if I am a member), I hereby designate the Chapter member(s) named above as Supervisor(s) to supervise the conduct and activities of the Youth as a participant in any or all Chapter and Society activities, including (but not limited to) participation in meetings, performances, conventions, social events, and any associated travel. I hereby grant to such Supervisor(s) my permission, full authority and responsibility, in my place and stead as a parent, to supervise the Youth, as fully and completely as I might do if I were personally present, as deemed necessary and appropriate in the reasonable judgment of such Supervisor(s). I agree that the Supervisor(s), when providing such supervision, will be performing that function in an individual and personal capacity, and not as an agent or representative of the Chapter or the Society. I understand and agree that any of the following may result in the Youth being denied the right to participate in Chapter and Society activities and events, and/or in the suspension of the Youth's membership: (i) my failure and/or the failure of such Supervisor(s) to provide effective supervision of the Youth; (ii) the failure of the Youth to abide by the Bylaws, and Code of Regulations (if any), of the Chapter, and the Bylaws, Code of Ethics, Statements of Policy, or other governing documents of the Society, or (iii) the failure of the Youth to accept and comply with my supervision and/or the supervision of such Supervisor(s).

In the event of any medical emergency involving the Youth, in my absence I further hereby authorize such Supervisor(s) to obtain, provide, give consent, or furnish authorization for, any necessary emergency medical services or treatment to the Youth, including (but not limited to) surgical procedures which may be recommended by a physician, it being my desire that the Youth be provided with such emergency medical services or treatment as soon as reasonably possible, after a need arises.

Parent/Guardian Signature: _____ Date: _____

Witness Name: _____ Date: _____

(Chapter Officer, only if applicable)

Witness Signature: _____ Date: _____



Youth Membership Form

Chapter of the Barbershop Harmony Society

Acceptance of Responsibility by Supervisor

This section only required if the youth member is joining a Chapter

I, the Supervisor(s) named and designated above, hereby accept responsibility for, and agree to perform, the supervision of the conduct and actions of the Youth as a member of the Chapter and the Society. I understand that my responsibility shall cover all aspects of the Youth's participation in the activities of the Chapter and of the Society, including (but not limited to) participation in meetings, performances, conventions, social events, and any associated travel. I agree that my responsibility shall continue for so long as the Youth is a member of the Chapter and under the legal age of majority, or until I rescind this Acceptance by written notice to the Chapter President or Secretary. I understand that my failure to provide effective supervision of the Youth, or my rescission of this Acceptance, may result in the Youth being denied the right to participate in Chapter and Society activities and events, and/or in the suspension of the Youth's membership in the Chapter and Society. [If more than one Supervisor is named, the foregoing statements and agreements are separately made by, and shall separately apply to each.]

Further, I understand that the organization may deny volunteer service to any person who has been convicted of crimes related to inappropriate contact with minors, rape, assault, distribution and trafficking of narcotics or other controlled substances and/or intent to commit any of the above or similar crime. I attest that by signing this form and agreeing to serve as a supervisor, that I haven't been convicted of the above or similar crimes. The information provided on this form is subject to verification, which may include request of a criminal history check and request from any Central Registry of child abusers.

Printed Name of Primary Supervisor: _____

Signature of Primary Supervisor: _____ **Date:** ____/____/____

Printed Name of Secondary Supervisor: _____

Signature of Secondary Supervisor: _____ **Date:** ____/____/____

Acknowledgement by Youth

I, the Youth named above, understand that my membership in the Chapter and the Society, and my participation in Chapter and Society activities and events is conditioned upon the supervision of my conduct and actions by my Parent/Guardian and/or the Supervisor(s) named above. I understand that my failure to accept and comply with such supervision, or the failure of my Parent/Guardian and/or the Supervisor(s) to provide the same, may result in my being denied the right to participate in Chapter and Society activities and events, and/or in the suspension of my membership in the Chapter and the Society.

Youth Printed Name: _____

Youth Signature: _____ **Date:** ____/____/____

For internal use only:

Should be received and filed in chapter or district legal files by Chapter Secretary or District Secretary. It is recommended that a copy of completed forms be kept for at-least seven years. Forms should be should be re-filled out annually until the young person is at least 18 years old or for other special activities as they approach.

Received on date: ____/____/____

Received/Filed by: _____

Title: _____

Signature: _____

Expiration Date: ____/____/____