

Membership Form



Member Details			
First name			
Surname			
Mobile phone		Home phone	
Email address	@		
Emergency Contact		Tel:	
Home location	(village or town; full address not required)		
Date of birth	(optional – only used for birthday info)		

Voice details	
Voice Type	<input type="checkbox"/> Soprano <input type="checkbox"/> Alto <input type="checkbox"/> Tenor <input type="checkbox"/> Bass
Optional details (no obligation)	
Insert here any further information you wish to disclose in case of emergencies or if taken ill during choir practices or events. Might include medical conditions or safeguarding requirements.	
WhatsApp	
I wish to be added to the 'Choir Notices' WhatsApp group. <input type="checkbox"/>	
I wish to be added to the 'Choir Chat' WhatsApp group. <input type="checkbox"/>	

Signature Date/...../.....