

Member #



Vocalize Choir Membership Form 2020

PERSONAL DETAILS

First name: _____ Last name: _____

Gender (please circle): M / F / not specified

Phone: _____ Email: _____

Postal Address: _____ Postcode: _____

Emergency Contact Name: _____ Phone: _____

Please specify any relevant health or wellbeing concerns which may be important for us to be aware of (e.g. visual impairments, mobility issues):

MEMBERSHIP AGREEMENT

I understand that all sheet music remains the property of Vocalize Choir and I will return it upon request or upon resignation of my membership. I also understand that all learning recordings are the property of Vocalize Choir for private practice purposes only and are not to be shared. I agree to return my black choral folder and scarf/tie following each performance. I understand that while I am a financial member I am covered under the choir's public liability and performer indemnity insurance. I also understand that my choir fees will not be refunded should I choose to discontinue membership.

Signed: _____ Date: _____

Please complete the following remittance slip upon payment.

NEW MEMBERS ONLY

1. Preferred voice part (please circle): Soprano Alto Tenor Bass Not Sure

2. Have you had any music training/experience? If yes please detail:

3. How confident are you in reading music notation? (please tick):

- I can read basic music with confidence.
- I can read basic music and rhythms but sometimes need help.
- I don't have much confidence reading music.
- I have never read music before.

4. What are the main reasons for wanting to join this choir? (eg for fun/leisure, to improve skills, performance opportunities, sing with friends, etc.)

5. How did you hear about Vocalize Choir? (please tick):

- My club/church
- Flyer or poster
- Choral network
- Family or friend/s
- Choir performance
- Web search engine (eg Google)
- Facebook
- Local newspaper
- Other: _____

Thank you and enjoy your year with us!

Kerrie

REMITTANCE SLIP

Please complete the following payment information (regardless of payment method) and give to choir Treasurer Graham Boyer at rehearsal. Your receipt will be available to you at rehearsal. Thank you.

Name: _____

Payment (please circle):

Full year	\$120	Cash* / EFT**
Beginning Term 2	\$90	
Beginning Term 3	\$65	
Beginning Term 4	\$40	

Receipt No: _____ Date: _____

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PAYMENT NOTES

If you are having difficulties paying fees, please see the Treasurer to arrange a payment plan.

***Cash Payments:**

Please place correct cash in a sealed envelope along with this slip.

****Electronic Funds Transfer:**

Please find the direct deposit details below and be sure to include your name in the reference. This slip must then be returned following payment.

WESTPAC BANK
Account Name: Vocalize Choir
BSB 035 016
Acc No 962 933
Ref: *YOUR NAME* Fees