



# January – July 2025 MEMBERSHIP FORM

PLEASE COMPLETE AND RETURN TO CWA MEMBERSHIP SECRETARY:

[amanda.jacobs@corshamwindband.org](mailto:amanda.jacobs@corshamwindband.org)

## Members Details

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address/ Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## Parent/Carer Details

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Does your child have learning difficulties/ disability / medical problems? Y/N**

Details: \_\_\_\_\_

**Does your child take any medication? Y/N**

Details: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Permission for child to be included in band pictures (website/ social media) Y/ N**

**Instrument Hire FREE** CWA Instrument Number..... / Own Instrument

**MEMBERSHIP FEE:** 12 monthly payments of **£12**

Payments can be made via direct bank transfer/standing order or by cheque (made out to Corsham Windband Association). Please use your child's name as a reference.

**The Corsham Windband Association, Nat West, Chippenham Branch,  
30 High St Chippenham Wilts SN15 3HB Account 31080367 Sort code 52 21 30**

**Signed Member / Parent / Carer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<https://corshamwindband.org/> FOR EVENTS/ SCHEDULE

\*Please contact Sonia Blandford [sonia@corshamwindband.org](mailto:sonia@corshamwindband.org) for sponsored places