SEPTEMBER 25 TO JULY 26 MEMBERSHIP FORM

PLEASE COMPLETE AND RETURN TO: amanda.jacobs@corshamwindband.org
Events https://corshamwindband.org/dates-and-times/

Type of Membership: **Player** ☐ **Volunteer** ☐ **University Member** ☐

Band: **Beginner Group** ☐ **Training Band** ☐ **Spectrum** ☐ **YCB** ☐ **String Group** ☐

Members Details
Full Name: DOB:
Address/ Post Code:

Phone Number: Mobile:
Email:

Parent/Carer Details
Name:
Phone Number: Mobile:

Email:

Emergency Contact Details:

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:

Do you give permission for child to be included in band pictures (website/ social media) Y/ N

What instrument(s) do you play in band?
Instrument Hired from CWA? (Free of Charge) **Instrument number:**

Payment/Subscription: 12 monthly payments of **£12**

Please make payment via standing order or a monthly direct bank transfer to:
The Corsham Windband Association, Nat West, Chippenham Branch, 30 High St Chippenham Wilts SN15 3HB Account 31080367 Sort code 52 21 30 Please use your child's name as a reference.

Signed Member / Parent / Carer: _____ **Date:** _____

What year did you FIRST join CWA? _____

For enquiries regarding sponsored spaces please contact Sonia@corshamwindband.org