



MEMBERSHIP FORM – September 25 to July 26

PLEASE COMPLETE AND RETURN TO: amanda.jacobs@corshamwindband.org

Events <https://corshamwindband.org/dates-and-times/>

Membership Type: Player Volunteer University

Band: Beginner Windband Training Band Spectrum YCB String Group

Member Details:

Full Name: _____ DOB: _____
Address: _____
Postcode: _____
Email: _____ Phone: _____
School: _____

Parent/Carer Details (if applicable):

Full Name: _____
Email: _____ Phone: _____

Emergency Contact Details:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

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

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

Details: _____

Does your child take any medication? Y / N

Details: _____

What instrument(s) do you play in band? _____

Membership Fees: 12 monthly payments of **£12**
Free introductory membership: First 2 terms free (terms 1,2,3,4,5 or 6)

Please make payment via standing order or a monthly bank transfer to:
The Corsham Windband Association, Nat West **Sort Code:** 52-21-30 **Account:** 31080367
Please use your child's name as the reference

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

What year did you FIRST join CWA? _____

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