MEMBERSHIP FORM – September 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: _____

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)?

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

Details: _____
_____

Does your child take any medication?

Details: _____
_____

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

Membership Fees: 12 monthly payments of **£12**
Free introductory membership: First term 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