

IPSWICH HOSPITAL COMMUNITY CHOIR TERMLY ENROLMENT FORM

Term: Summer 2019

No. Of Weeks: 15

Rehearsal Times: Wednesday, 6:15pm to 8.15pm.

Term Rehearsal Dates: May 1st, 8th, 15th, 22nd, 29th.
 June 12th, 19th, 26th.
 July 3rd, 10th, 17th, 24th, 31st.
 Aug 7th, 14th.

Tick as appropriate

- Existing member subscription: £45 (15 weeks x £3) or
- New member subscription: No. of weeks (1st two weeks are free) x £3 = £.....
- I consent to Ipswich Hospital Community Choir holding details of my name, address, landline and/or mobile telephone numbers, and email address(es) for the purposes of communicating with me on any matters relating to choir activity. I understand that I can withdraw this consent at any time via written notification (including by email) to the choir secretary.

(Please pay by direct bank transfer to the account below, by 6pm on Wednesday May 1st at the latest, providing your surname and first name as the payment reference)

In completing, signing and submitting this form, I confirm that I have read and agree to comply with the IHCC Choir Membership Subscription Terms And Conditions and confirm that I have paid my termly subscription in accordance with the provisions therein.

Member Name:

Signature:

*Ipswich Hospital Community Choir bank details:
Sort code: 30-94-55
Account: 83449968
Account Name: Ipswich Hospital Community Choir*