

IPSWICH HOSPITAL COMMUNITY CHOIR TERMLY ENROLMENT FORM

Term: *Autumn 2021*

No. Of Weeks: 10

Rehearsal Times: Wednesday, *6:15pm to 8pm.*

Term Rehearsal Dates: *August 18th, 25th
September 1st, 8th, 15th, 22nd, 29th
October 6th, 13th, 20th*

Tick as appropriate

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Existing member subscription: *£30 (10 weeks x £3)*

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New member subscription: No. of weeks (1st two weeks are free) x £3 = £.....

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I consent to Ipswich Hospital Community Choir holding details of my name, address, land-line 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 note that this information may also be used for tracing attendees in the event of a Covid contact at a rehearsal.

Please pay by direct bank transfer to the account below, by 6pm on Wednesday *August 18th* 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