

IPSWICH HOSPITAL COMMUNITY CHOIR TERMLY ENROLMENT FORM

Term: **Spring 2022**

No. Of Weeks: **14**

Rehearsal Times: **Wednesday, 6:15 pm to 8.00 pm.**

Term Rehearsal Dates: **5th, 12th, 19th, 26th January
2nd, 9th, 16th, 23rd February
2nd, 9th, 16th, 23rd, 30th March
6th April**

- Existing member subscription: £ 42 (14 weeks x £3)
- 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.

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:

- Please pay by direct bank transfer to the account below, **by 6pm on Wednesday 5th January** at the latest, providing your surname and first name as the payment reference:

Ipswich Hospital Community Choir bank details:

Sort code: 30-94-55

Account: 83449968

Account Name: Ipswich Hospital Community Choir

- Please return the completed form to Soo Norman, Membership Secretary, either by email to soos.home@ntlworld.com (electronic signatures are accepted), or giving her a signed paper copy at the first rehearsal.