SUBSCRIPTION PAYMENT FORM 2016-2017

Please bring the completed form to the first rehearsal

Name:	VOICE:	I would like to help:
Address:	STATUS: (tick one) Life member Full member Concessionary member New member Under 26	(you may tick more than one!)
Postcode: Tel: E-mail:	Date of Birth (if under 26)	Committee Member Rehearsal refreshments
AMOUNT PAID: (tick one)		Preparation of the rehearsal venue□ Publicity - many jobs □ Front-of-house (partner) □
Life Member Full Member for whole year Concessionary Member for whole year New Full Member for whole year Concessionary New Member for whole year Full member £53 per term payable Septembers summer term due April (Concessionary £48 and January plus £33 for summer term due New members £5 discount on first term payable Free subscription for members under the ag I enclose a cheque for £	per and January plus £38 for per term payable September April). ment. de of 26.	Interval refreshments (partner) Programme adverts Hospitality for soloists Teas for Orchestra "Friends" of WCS OTHER - please specify
Signed:	Date:	
Have you signed the attached Gift Aid Declaration Form?		