



CHRISTCHURCH CITY CHOIR INCORPORATED
APPLICATION FOR PERFORMING MEMBERSHIP

Optional title please circle Mr/Mrs/Miss/Ms/Dr

Name _____

Address (for invoicing purposes only)

_____ Postcode _____

Telephone Numbers: Home _____ Mobile _____

Email _____

Are you a Student? _____

Choral Experience/ Vocal Tuition (if any)

Voice part/range _____

I hereby undertake that, if this application is approved, I will conform with the rules of the Choir as laid down in its Constitution and Regulations and will seek to further the Choir's interests.
I agree to receiving regular Choir notices and schedules via Mailchimp.

Signature _____ Date _____

Please complete then print out and bring to your first rehearsal or email to newmembers@citychoir.co.nz

Your Audition will be arranged after you've attended rehearsals

AUDITION *Music Director to complete*

I have tested the voice and musical ability of the above applicant and recommend that the applicant be:

Approved / Not Approved (please circle) Voice Part _____

Signature _____ Audition Date _____

Choir Member advised result of audition: Y/N Choir Advised: Y/N Membership details recorded online Y/N
Added to e-mail data base: Y/N Billing/email Set Up Y/N