

# MEMBERSHIP FORM



breathing life into music

Existing Member

New Member

Sibling Member: \_\_\_\_\_

Name: \_\_\_\_\_ Choir Group: \_\_\_\_\_

Address: \_\_\_\_\_

Member's Mobile: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Mobile: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_

Family E-Mail for receipt of Newsletters: \_\_\_\_\_

Medical Condition/Illness/Learning Difficulties: \_\_\_\_\_  
*(Details will be kept in strict confidence)*

Doctor's Name: \_\_\_\_\_ Doctor's Number: \_\_\_\_\_

I hereby undertake to discuss with my child and abide by the Code of Conduct for Aspiro members.

For receipt of Text Messages, please contact Mother's Mobile  Father's Mobile   
*(Other than Senior Ensemble Members over the age of 16, all text messages will be sent to a parent's phone.)*

From time to time throughout the year we need the assistance of parents at different events. Please indicate if you would be willing to help as a Chaperone, Fundraiser or as a Committee Member of Aspiro Parents

I hereby give permission for my child to have his/her photograph taken for use in promotional material.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Individual Rate: \_\_\_\_\_ Family Rate: \_\_\_\_\_

Payment by: Cash  Cheque  Bank Mandate

### Payment By Term

September – December Term

January – March Term

April – June Term

### Payment By Month

September  October  November

December  January  February

March  April  May

June