

 **APPLICATION FOR MEMBERSHIP**

**Please print**

**TITLE** **NAME**

# ADDRESS

#

**COUNTY**

**POST**

**CODE**

**HOME**

**TELEPHONE**

**WORK TELEPHONE ( if**

 **appropriate)**

**MOBILE NO.** **E MAIL**

**AGE (**Please circle as appropriate - 20-30 : 30-40: 40-50 : 50-60 ; 60-70. over 70 (required for Ty Cerdd Membership**)**

 **VOICE S /A/T/ B SIGHT READING ABILITY None/ basic/ competent /confident**

## **MUSICAL/CHORAL EXPERIENCE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PLEASE TELL US WHERE/HOW YOU FOUND OUT ABOUT THE CHOIR

Please print, complete and return this form to the Secretary

**MRS DIANE DANIEL, 71 HEATH PARK AVENUE, HEATH , CARDIFF CF14 3 RG**

**Email**  **diane.s.daniel@gmail.com TEL 02920339739 mobile** **07714236481**

Signed Date

 Registered Charity 1115503 Cardiff Bach Choir  [www.cardiffbachoir.org.uk](http://www.cardiffbachoir.org.uk/)

 *DSD/September 2017*