



In voice, we rejoice

MEMBERSHIP APPLICATION FORM

| | |
|--|---|
| Last Name | |
| First Name | |
| Residential Address – Line 1 | |
| Line 2 | |
| Suburb | |
| Post Code | |
| Telephone Home | |
| Mobile | |
| Emergency Contact Details (Name / Relationship / Mobile) | |
| Birthday Day/Month (a surprise for you!) | |
| Email Address | |
| How did you find out about the Bayside Divas? | |
| Personal Information/Terms & Conditions | If accepted after voice assessment I consent to my name, address, telephone numbers and email address, as provided on this form, and updated as necessary, being circulated to other members to facilitate communication. I accept that photography, performance recordings and testimonials may be used as promotional material for this choir. |
| Signature | |
| Date | |

Privacy Statement

The information on this form is collected to:

1. enable the Executive Committee to maintain a Register of Members as required under the Associations Incorporation Act 1981
2. facilitate communication amongst members
3. inform the Association regarding the effectiveness of its publicity

The information will be held in hard copy and computer files, the details of which are accessible to the individual member on request.

Names, addresses, telephone numbers and email addresses will not be provided to any third party.

| | | | |
|--------------------------|--|---------------------------------------|--|
| Office use only | | | |
| Membership Number | | Date of vocal assessment | |
| Choir Sectional | | Date accepted to membership | |
| Diva Name | | Date of membership termination | |