

Friends of the Choir - Application

Your Application Form should be accompanied by a cheque made payable to:
Midlands Hospitals Choir

For further details, please contact

Susan Buckingham - 07976 157225 - susan.buckingham@blueyonder.co.uk

OR

post your form and cheque to the Treasurer

Dale Brusby 11 Woodstock Court 158 Northfield Road Kings Norton Birmingham B30 1DX

Title: Please tick

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>
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First Name(s): CAPS please

Surname (s): CAPS please

Company Name: (for company applications only)

Address: CAPS please

Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone :

Home / Business (please delete as appropriate)	<input type="text"/>
Mobile	<input type="text"/>

E-mail: Please differentiate between hyphens and underscores as clearly as possible

<input type="text"/>
@

Single - £10	<input type="checkbox"/>	£
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Couple - £15	<input type="checkbox"/>	£
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Business - £25 minimum	<input type="checkbox"/>	£
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All information supplied will be held securely by the Midlands Hospitals' Choir. Your details will be added to a database to record your details and to advise you of forthcoming events. It will not be used for any other purpose.

For Office Use Only

Cheque N°	<input type="text"/>	Membership N°	<input type="text"/>
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