

Application Form

Please complete all sections in **CAPITAL** letters.

Choir Details

Name of Church/Choir: _____

Choir Trainer/Director: _____

Address: _____

Postcode: _____

Telephone/Contact Number: _____

E-mail Address*: _____

(*Optional)

Signature of Choir Trainer/Director:

Applicant's Details

Surname: _____

Forenames: _____

Date of Birth (dd/mm/yyyy): _____

Address: _____

Postcode: _____

Telephone/Contact Number: _____

E-mail Address*: _____

(*Optional)

Please photocopy extra copies of this form if required.

Please send completed forms with a cheque for £7.50, made payable to "Manchester Diocesan Choristers' Fund" (Please do not send cash) to:

Mr Philip Asher
RSCM Manchester Area Committee
184 Lloyd Street South
Fallowfield
Manchester
M14 7DY

Tel: 0161 226 2756

E-mail:
secretary@rscmmanchester.co.uk

Once you have sent this form, you should hear from us within two weeks. If you have any queries, or have not heard from us, don't hesitate to contact us either at the above address, or on E-mail.

Look on our website for details of future events, or news from the Committee;

www.rscmmanchester.co.uk

If you would like to receive information about RSCM events in the Manchester Area, please tick the box.

If you would like to receive information about the RSCM Regional Awards, please tick the box.

If you would like to receive information about how to affiliate your choir to the RSCM, or to become a private member, please tick the box.

For Office Use Only

Date received:	_____
Date of Examination:	_____
Venue:	_____
Examiner:	_____
Date arrangements sent out to Applicant:	_____
Events information asked for/sent?	YES / NO
RSCM Regional Awards information asked for/sent?	YES / NO
Affiliation information asked for/sent?	YES / NO