

MEMBERSHIP APPLICATION

| Full name: | | | | |
|-----------------|------------------------|--------------------|--|--------------------|
| Address: | | | | |
| Postcode: | | | | |
| Telephone: _ | | | | |
| Voice (please o | circle) | | | |
| Soprano | Alto | Tenor | Bass | |
| | t ick to conser | | ed in line with our I | - |
| GIFT AID | | | | |
| 1 | - | • • | nd agree that Ilkley ture donations to IC | • |
| pay less Incor | me Tax and /d | or Capital Gains T | K taxpayer and und Tax than the amoun r it is my responsib | nt of the Gift Aid |
| Print name: | | | | |
| Signature: | | | | |
| Date | | | | |