

EVM Membership Form
2025-2026 Season

Folder #: _____

All information provided is confidential.

Name: _____
 Address: _____
 City: _____
 Postal Code: _____
 Contact Phone: _____
 E-Mail Address: _____
 Month of your birthday: _____

Preferred Pronouns:

he/him	she/her	they/them	other

What voice part will you be singing:

Soprano	Alto	Tenor	Bass	Not Sure

I consent to appearing in EVM photos and videos.
 I prefer not to appear in EVM photos and videos.

Please indicate the membership fee you will be paying (Pro-rated for January):

Regular \$138:	<input type="text"/>	
Student/senior/reduced income \$110:	<input type="text"/>	
Music deposit \$20:	<input type="text"/>	for new singers only
My music deposit is on file:	<input type="text"/>	
Support member \$5:	<input type="text"/>	non-singing member
Tax deductible donation:	<input type="text"/>	
TOTAL	<input type="text"/>	

How you will be paying your membership fee?

One payment	Two payments	Other	CASH	CHEQUE*	E-TRANSFER**

* Cheques payable to **Edmonton Vocal Minority**

** Transfer to **evmpay@evmchoir.com**

For Membership Manager's Use	
Payment date:	Payment date:
Amount:	Amount: