

EVM Membership Form 2024-2025 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

Please indicate the membership fee you will be paying:

Regular	\$275:		
Student/senior/reduced income	\$220:		
Music Deposit	\$20:		for all new singers only
My music deposit is on file:			
Support Member	\$5:		non-singing member
Tax deductible donation:			
TOTAL			

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:
Payment date:	Payment date:
Amount:	Amount:
Payment date:	Payment date:
Amount:	Amount: