

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:

Pro-rated fees January-June

| | | | |
|-------------------------------|------------------|--|--------------------------|
| Regular | \$137.50: | | |
| Student/senior/reduced income | \$110: | | |
| 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: |