



CONGLETON YOUTH ORCHESTRA

Registered Charity No. 1071130

APPLICATION FORM

Name: _____

Address: _____

_____ Post Code: _____

Telephone No: _____ E-Mail address _____

Emergency Contact No ** _____ (for Child Protection Officer/ First Aid Officer)
Is there an existing medical condition we should be aware of, i.e., possible asthma attack or similar (if so please state) : _____

Age: _____ Date of Birth: _____

INSTRUMENT PLAYED: _____

GRADE: _____

Who is Your Instrumental Teacher ? _____

Which School / College Do You Attend: _____

Are You a Member of Any Other Music Group ? _____

If Yes, Please Give Details: _____

I apply to become a Member of the Congleton Youth Orchestra and undertake to attend Saturday morning rehearsals and others notified from time to time. I agree that if accepted as a member, I shall pay the annual membership fee of £75.00 which may be paid in termly instalments of £25.00. Should my membership not continue during a full year, I understand that any balance of the annual fee will become due.

The orchestra exists for the enjoyment of members in making music together. For the benefit of all, the Musical Director has the right to expect good levels of behaviour which encourage good musicianship.

A copy of the Orchestra's Constitution is displayed on our Notice Board. Copies are available on request.

Signed: _____ Date: _____

Only sign this if you are Over 18 years of age

This section to be completed by the Parent/Guardian if the applicant is **under** the age of 18 years.

I, _____ make this application on behalf of _____
and accept the conditions above.

Signed: _____ Parent / Guardian Date: _____

I agree to details of this application being kept on a computer system for use solely by this Charity.

Please tick

** This is required in case of any emergency situation which may arise while your child is in our care.

The orchestra's web site gives up-to-date information about the orchestra and its activities. The site features, amongst other things, photographs of the members' at rehearsals and/or taking part in other events. Similarly, photographs are used to promote the orchestra in the local press and as part of any recruitment opportunity. However, no names or contact details will be given.

We need your approval to use appropriate photographs of your child. If you have no objection, please sign below. If you decide not to give permission, please advise us in writing and we will make every effort to ensure that they are not included on any photo opportunity.

I give permission as outlined above: _____
Parent / Guardian Signature

GIFT AID

The Inland Revenue have issued us with the necessary certification to enable membership fees and sponsorship donations to be included in the Gift Aid scheme. This allows us to claim the tax element on the payments for orchestra funds.

If you are able to meet the tax criteria shown below, please complete the following. **Please note we do not need any personal tax references.**

GIFT AID DECLARATION

I wish all membership payments made by myself since 6 April 2000 to the Congleton Youth Orchestra to be treated as Gift Aid donations and all that I may make in the future until I notify you otherwise, or membership ceases.

I confirm that I pay income tax and/or capital gains tax at least equal to the tax that the charity reclaims on my donations. I undertake to notify you if I no longer pay income tax and/or capital gains tax equal to the tax that you will reclaim on my donations.

Mr. / Mrs. / Ms _____ First Name: _____ Surname: _____

Address: _____

Post Code: _____ Date: _____

Signed: _____

This Section for Committee use only:-

Application
Recommended: _____ Confirmed: _____
(Sectional Tutor) (Musical Director)

Ratified by Trustees: _____ (Date) _____
(Chairman)

Copy Passed to Treasurer: _____ (Date)

Please return this application form to:
Mrs. H.G. Chappel, Secretary, Congleton Youth Orchestra,
16 High Lowe Avenue, Congleton, CW12 2EP