All information provided is co	onfidential.								
Name:									
Address:									
City:									
Postal Code:									
Contact Phone:									
E-Mail Address:			<u></u>						
Month of your birthday:						l			
Preferred Pronouns:	he/him	she/her	they/them	other	1				
					1				
Miles and a mantacillar of					•				
What voice part will you b	e 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/se	nior/reduc	_	\$110:		1				
Music Deposit \$20:					for all new singers only				
My music deposit is on file:									
Support Member \$5:					non-singing member				
Tax deductable donation:									
			TOTAL		j				
How you will be paying your membership fee?									
	One payment	Two payments	Other		CASH	CHEQUE *	E-TRANSFER		
		•							

^{**} 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:			

^{*} Cheques payable to **Edmonton Vocal Minority**