



ASSOCIATE MEMBERSHIP REGISTRATION FORM

I/We wish to join the Sudbury Choral Society as Associate Members. I/We understand that the annual fee of £55.00 per person payable by cheque to Sudbury Choral Society or by BACS, entitles us to:

- ⇒ An Annual Pass giving free entry to all the Society's four concerts in the year
- ⇒ If requested, a named reserved seat in my/our preferred area in the auditorium indicated in advance, and adjacent seating for guests, as requested in advance
- ⇒ A free interval drink at all concerts
- ⇒ Acknowledgement of Associate Membership in concert programmes
- ⇒ Access to the Associate Membership Secretary to deal with any requests/queries
- ⇒ As an Associate Member, to be welcomed at after-concert parties and rehearsals
- ⇒ A free copy of the SCS newsletter at each publication, in hard copy or digital as requested

Associate Members who join part-way through the year will be entitled to a reduction of £4.50 for each full month of the SCS year that has elapsed. The SCS year runs from the start of September to the end of the following August.

✂ -----

Name.....BLOCK CAPITALS

ADDRESS.....

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.....POST CODE

Email

By completing this form I/we give my/our permission for the Sudbury Choral

Society to hold my/our personal details electronically and understand that they will only be used for the purposes of choir administration. They will not be divulged to any third party and will be held securely in line with the Data Protection Act, 2018.

Signed.....Date.....

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Signed.....Date.....

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Date.....

Please complete and return this form to the Associate Membership Secretary, Wendy Jones. wendy.jones14@btopenworld.com , or send to Wendy Jones at Orford House, Church Street, Gestingthorpe, Essex, CO9 3BA (01787 469049) to whom any enquiries may be addressed.



If you are a UK taxpayer and wish to Gift Aid your subscription, please would you sign the declaration below.

I am a UK taxpayer and would like Sudbury Choral Society to treat all donations I have made in the past four years and all donations I make from the date provided, as Gift Aid donations until I notify them otherwise. I am aware that I must have paid an amount of income tax and/or capital gains tax at least equal to the tax that all charities or Community Amateur Sports Clubs (CASCs) will reclaim on my donations for that tax year.

Signed.....Date.....

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SignedDate.....

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For BACS payment, please refer to Associate Membership Secretary for bank details and reference code. Thank you.