



Document 2.1: Membership Form

Section 1: Personal details

Full name:	
Date of birth:	
Address:	
Postcode:	
Telephone number (Home):	
Telephone number (Mobile):	
Email:	
Instruments played:	
Are you currently a registered member of another band?	
If yes, please provide the band name:	

Section 2: Equipment provided

Instrument and equipment Type:	
Make:	
Serial number:	
Lyre:	
Stand:	
Mutes:	
Uniform Tie:	
Stage jacket:	
Music Pad:	

I confirm that I have the above equipment and uniform in my possession and will notify the relevant Band officer regarding any damage, losses or repairs needed.

Signature:	
Date:	



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Section 3: Emergency contact details and medical information

Please provide the details of two people who we can contact in the case of an emergency.

Name:	
Relationship:	
Telephone number (Home):	
Telephone number (Mobile):	
Email address:	

Name:	
Relationship:	
Telephone number (Home):	
Telephone number (Mobile):	
Email address:	

Medical information: Please give details of any special circumstances or additional needs (disability/medical/allergies etc.) that might affect you/your child whilst taking part in activities, listing any current medication. If there is no information, please write 'none'.

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It may be essential at some time for authorised persons, acting on behalf of the band, to have necessary authority to obtain urgent treatment in the case of an accident, illness or incident. Please sign below if you give your consent to emergency treatment being given, by trained personnel, to the named member on this form. For members under 16 years of age, a parent/legal guardian must sign here.

Signature:	
Date:	

Please remember to notify the Band Secretary if there is a change in any medical condition.



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Section 4: Photography

I hereby give consent for the band to take and use photos of myself for marketing and promotion purposes, including publishing on the band website/social media pages.

Signature:	
Date:	

Section 5: Data protection Data:

I hereby give consent to the band to collect, store and use my data for membership administration purposes, in accordance with Chapter 9 Data Protection.

Signature:	
Date:	

Medical:

I hereby give consent to the band to collect, store and use information regarding my medical information.

Signature:	
Date:	

Marketing and promotions (optional):

I would like to be added to the bands external marketing mailing list (e.g. emails about forthcoming events).

Signature:	
Date:	

We value and respect your privacy and would like to assure you that the information in this document is confidential and is subject to data protection legislation and the band's privacy policy. This information will not be shared with any third party. This information will be stored securely (whether in print or electronically) and only used and accessed by authorised band personnel in order to contact you, or for the specific band related business to which you have given consent. If you cease to be a member of the band, this information will be destroyed securely three months after your departure.