

Membership Application
to
Trinity International Concert Choir e.V.

I would like to become a member of Trinity International Concert Choir e.V.

Last Name: _____

First Name(s) _____

Date of Birth: _____ Nationality: _____

Address: Street: _____ Nr. _____

Postal Code: _____ City: _____

E-Mail: _____

Phone: _____

Vocal Range (SATB): _____

The regular membership fee is 12 € per month. It can be paid annually in advance or semi-annually / quarterly / monthly. A reduced rate (half) applies to students.

Date: _____ Signature: _____