

Optional title please circle Mr/Mrs/Miss/Ms/Dr

First name/s \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

Occupation (optional) \_\_\_\_\_

Choral Experience/ Vocal Tuition (if any)  
\_\_\_\_\_

Voice part/range \_\_\_\_\_

How did you hear about the choir? \_\_\_\_\_

Do you have particular skills you could make available to the choir? (Please feel free to fill in the accompanying  
Volunteer sheet) \_\_\_\_\_I hereby undertake that, if this application is approved, I will conform with the rules of the Choir as laid  
down in its Constitution and Regulations and will seek to further the Choir's interests.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please complete then print out and bring to your first rehearsal or email to [info@citychoir.co.nz](mailto:info@citychoir.co.nz)******Music Director to complete*****AUDITION**

I have tested the voice and musical ability of the above applicant and recommend that the applicant be

**Approved / Not Approved** (please circle) Voice Part \_\_\_\_\_

Signature \_\_\_\_\_ Audition Date \_\_\_\_\_

***Please arrange your audition when you are ready by emailing [musicdirector@citychoir.co.nz](mailto:musicdirector@citychoir.co.nz)******Office use***

First Rehearsal Date \_\_\_\_\_ Second Rehearsal Date \_\_\_\_\_

Choir Member advised result of audition: Y/N Choir Advised: Y/N Membership details recorded online Y/N

Added to e-mail data base: Y/N

Billing/email Set Up Y/N