



2024-2025 Membership Application Form

Please PRINT your information LEGIBLY if you complete the form by hand.

Name: _____

Email: _____

Instrument(s): _____

Phone(s): (h) _____ (c) _____

Address: _____

postal code: _____ Area (Langford, Metchosin, etc.) _____

By my signature below I hereby apply to join/continue with the WESTSHORE COMMUNITY CONCERT BAND, and agree to be bound by its rules and obligations, to safeguard its music, equipment, uniforms and facilities, and to participate to the best of my abilities in its musical life.

If I will be unable to attend a rehearsal or performance I will not take music home but will leave it with another band member or at the rehearsal venue so that others may make use of it during my absence.

I promise not to attend WCCB functions while I have symptoms of any illness, and to advise the conductor and/or a board member of my absence.

I do do not consent to having my contact information distributed to band members other than the directors.

Today's Date: _____

Signature: _____

Comments: _____

2024-2025 MEMBER DUES

[This portion of the form is retained by the Treasurer, so please complete it legibly also.]

If you are unable to pay the entire amount of your dues immediately, you may pay half now and provide a cheque post-dated to the end of January 2025 for the remainder.

Please make cheques payable to "Westshore Community Concert Band".

Send e-transfers to "payment@westshoreband.org"

Name: _____

ADULT/SENIOR

FULL-year (September-August): \$125 Paid by: Cash Cheque E-transfer Debit/Credit Card

HALF-year (September-February OR March-June): \$65: Paid by: Cash Cheque E-transfer Debit/Credit Card

STUDENT

FULL-year (September-August): \$65 Paid by: Cash Cheque E-transfer Debit/Credit Card

HALF-year (September-February OR March-June): \$35: Paid by: Cash Cheque E-transfer Debit/Credit Card

I am also DONATING \$ _____ to the WCCB. (For a donation of \$20 or more you receive a tax receipt.)

Paid (date) _____ Received by _____