

Ipswich Hospital Community Choir (IHCC)

Choir Membership Subscription Terms And Conditions

1. Continued membership of IHCC is dependent of the payment of termly subscriptions in advance of the first rehearsal date for each term.
2. There are three rehearsal terms per calendar year.
3. Each term will ordinarily consist of 16 weeks and any change to the number of weeks will be notified by the trustees 21 days in advance of the first rehearsal of each term.
4. The weekly subscription fee is initially set at £3 per week (£48 for a 16 week term), but will be amended from time to time as approved by the trustees at any properly convened meeting of the trustees.
5. Members must complete the termly enrolment form made available for download on the IHCC website at ipshospchoir.org.uk (an example of which is attached at Appendix A) and submit this form either as an attachment by email to secretary@ipshospchoir.org.uk or by hand to an elected trustee by 6pm at the latest on the day of the first rehearsal for each term unless otherwise stated on the enrolment form.
6. In addition, payment of the full termly subscription fee must be made by direct bank transfer to the IHCC bank account, details of which are given on the enrolment form. This payment must be received by 6pm at the latest on the day of the first rehearsal for each term. Payment by any other method will only be accepted in exceptional circumstances, and only at the discretion of the trustees. Application should be made in writing to the trustees at committee@ipshospchoir.org.uk.
7. For new members of the choir, no subscription fee will be applied for the first two consecutive weekly rehearsals, and thereafter the subscription for the remainder of the term will be applied on a pro-rata basis in line with the number of rehearsals remaining. In accordance with 5. above, an enrolment form must be completed and submitted, and in accordance with 6. above, payment must be made by 6pm at the latest on the day of the new joiner's third rehearsal.
8. In order to qualify for repayment of half of a term's subscription fees in the event of a member voluntarily leaving the choir during the first eight weeks of a term, notification must be given in writing to committee@ipshospchoir.org.uk by 9pm at the latest on the date of the eighth rehearsal of the relevant term. For voluntary leavers after week 8, no subscription refund will be given.
9. The trustees reserve the right to grant subscription waivers or discounts on a termly basis for up to a maximum of two members. Those wishing to apply for such waiver or discount should apply in writing, providing such documentary evidence as they feel is appropriate to support their application, to committee@ipshospchoir.org.uk, 21 days in advance of the first rehearsal of each term. The granting of such waivers or discounts is at the sole discretion of the trustees and such members will still be required to complete a termly enrolment form in accordance with 5. above, irrespective of whether any termly subscription is payable.

IPSWICH HOSPITAL COMMUNITY CHOIR TERMLY ENROLMENT FORM

Term: Autumn 2018

No. Of Weeks: 16

Rehearsal Times: Wednesday, 6:15pm to 8.15pm.

Term Rehearsal Dates: Sept 5th, 12th, 19th, 26th.
 Oct 3rd, 10th, 17th, 24th, 31st.
 Nov 7th, 14th, 21st, 28th.
 Dec 5th, 12th, 19th.

Tick as appropriate

Existing member subscription: £45 (16 weeks x £3 less summer term cancellation) or

New member subscription: No. of weeks (1st two weeks are free) x £3 = £.....

I consent to Ipswich Hospital Community Choir holding details of my name, address, landline and/or mobile telephone numbers, and email address(es) for the purposes of communicating with me on any matters relating to choir activity. I understand that I can withdraw this consent at any time via written notification (including by email) to the choir secretary.

(Please pay by direct bank transfer to the account below, by 6pm on Wednesday September 5th 2018 at the latest, providing your surname and first name as the payment reference)

In completing, signing and submitting this form, I confirm that I have read and agree to comply with the IHCC Choir Membership Subscription Terms And Conditions and confirm that I have paid my termly subscription in accordance with the provisions therein.

Member Name:

Signature:

*Ipswich Hospital Community Choir bank details:
Sort code: 30-94-55
Account: 83449968
Account Name: Ipswich Hospital Community Choir*