



# COPPULL AND STANDISH BRASS BAND

Est. 1886 & 1873 (Merged 2005)

Chairman: Mr G McGinty – Secretary: Mrs T A Trumble

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## Membership form

### Section 1: Personal details

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number (Home): \_\_\_\_\_

(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: \_\_\_\_\_ Walking out jacket: \_\_\_\_\_

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: \_\_\_\_\_

Coppull and Standish Band  
c/o 3 Belldean  
Higher Ince  
Wigan  
WN2 2EQ



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### Section 3: Emergency contact details and medical information

#### Emergency contacts:

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number (Home): \_\_\_\_\_ (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'.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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