



**Choir Affiliation / Renewal Form**

01. Name of Parish/Institution : \_\_\_\_\_

02. Place : \_\_\_\_\_

03. Name and Address of the Vicar : \_\_\_\_\_  
 \_\_\_\_\_

Phone (Parsonage) : \_\_\_\_\_ (Church) : \_\_\_\_\_  
 Cell : \_\_\_\_\_ Email : : \_\_\_\_\_

04. Name and Address of the Choir Master : \_\_\_\_\_  
 \_\_\_\_\_

Phone : \_\_\_\_\_ Cell: \_\_\_\_\_ email: \_\_\_\_\_

05. Name and Address of the Choir Secretary : \_\_\_\_\_  
 \_\_\_\_\_

Phone : \_\_\_\_\_ Cell: \_\_\_\_\_ email: \_\_\_\_\_

06. Total members (see overleaf) Male: \_\_\_\_\_ Female: \_\_\_\_\_ Total: \_\_\_\_\_

07. Day and Time of regular Practice : \_\_\_\_\_

08. Musical Instruments in regular use: \_\_\_\_\_

09. Year of formation: \_\_\_\_\_

10. Affiliation/Renewal for the Year: \_\_\_\_\_

11. Diocese and Centre: \_\_\_\_\_

12. Summary of the statements of the Accounts of the previous year \_\_\_\_\_  
 Total Receipts : \_\_\_\_\_  
 Total Payments : \_\_\_\_\_  
 Balance: \_\_\_\_\_

**Instructions:**

All fields (01-12) are required for affiliation/renewal.  
 Two copies are required to be filled in and submitted to DSMC office. The parish copy will be returned after affiliation/renewal.

**FOR OFFICE USE ONLY**



Reg. No.: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Date of Affiliation/Renewal : \_\_\_\_\_

Remarks if any \_\_\_\_\_

Signature of Director.....



**MALANKARA MAR THOMA SYRIAN CHURCH  
DEPARTMENT OF SACRED MUSIC AND COMMUNICATIONS**

Audio Visual Centre, S.C.S. Campus, Thiruvalla - 689 101

Rank order of the members of the .....Choir for the year.....

**MALE**

**FEMALE**

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**DSMC**

Date

Name and Signature of the Choir Secretary

Seal

Name and Signature of the Vicar