## **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 ove <mark>rleaf) Male: Female:</mark>				
07.	Day and Time of regular Practice :				
08.	Musical Instruments in reg <mark>ular use:</mark>				
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:			
Instru	uctions:				
	lds (01-12) are required for affiliation/renewal. copies are required to be filled in and submitted to DSMC office. The parish	conveil be returned ofter offiliation /renewal			
TWO	copies are required to be filled in and submitted to DSIMC office. The parish	copy will be returned after affiliation/renewal.			
	FOR OFFICE USE ONLY				
		DSMC			
	No : Amount paid:	Receipt No:			
	of Affiliation/Renewal :arks if any				
nemi	ai no ii aiiy				
	Signa	ture of Director			



## The Mar Thoma Church Department of Sacred Music and Communications

Audio Visual Centre, S.C.S Campus, Tiruvalla, Kerala - 689 101

	Male			Female	
No.	Name	Age	No.	Name	Age
	101 A				
		2 6			
				+	

Date

Name and Signature of the Choir Secretary

Seal

Name and Signature of the Vicar