

The Chosen Few Membership Application Form

- Member (Free)
- Member subscribing to the updated member list (CHF 25.— / Year)

Fields with an asterisk (*) are mandatory.

* Name / Surname: _____
 Adress: _____
 ZIP / City: _____
 Country: _____
 * Phone: _____
 * E-Mail: _____

Artist information

* Artist name: _____
 * Activity: _____
 Activity 2: _____
 Specific infos (studio, radio & more) _____
 Language(s): _____
 * Phone: _____
 * E-Mail: _____
 Website: _____

* Approval team (Three existing members who approve your membership)

* _____
 - _____
 * _____
 - _____
 * _____
 - _____

!!! If you're a claimant member, we ask you to send the filled form to a person out of your approval team which will send it to the core TCF team afterwards. This method helps us to verify that you really are approved by existing members.

Bank account: The Chosen Few, Wiesenstrasse 3, 3073 Gümligen / Postkonto: 61-898719-6 / IBAN: CH55 0900 0000 6189 8719 6