

Membership Information SEASON 10 - 2016-2017

*** PLEASE PRINT ***

	Date
Name	
	(as you wish it to appear in print publications)
Mailing	
Address Street	
City/State	Zip
Tel.#	Cell#
E Mail	
Primary Instrume	ent
·	(Euphonium: Treble Clef or Bass Clef?)
Do you own your i	instrument? Yes or No
Secondary Instrum	ment(s)? ould be willing to perform.)
Profession	
(if retin	red, please list your former profession, and add "- retired")

Please return completed form to:

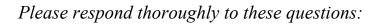
Jane Milbrodt, Secretary **Bowling Green Area Community Bands 405 Madison Court Bowling Green, OH 43402**

jane.milbrodt@gmail.com

*** see over ***

Registration

SEASON 10 - 2016-2017





How long have you played your primary instrument?		
Continuously, or with int	erruptions?	
Where did you attend hig	gh school? college or university? (names & locations	
Did you play with the bar	nd all through the years of your schooling?	
What are the years of you	ur graduation(s)? (a 'range' of yrs. will suffice)	
Signature_		
Please return completed form to Jane Milbrodt, Secreta Bowling Green Area C	ary	

Please note: applicants can expect to be

- o accepted for full membership,
- o or placed on a "wait list" (for consideration when vacancies occur),
- o or denied membership

405 Madison Court

Bowling Green, OH 43402 jane.milbrodt@gmail.com