



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 Instrument _____
(Euphonium: Treble Clef or Bass Clef?)

Do you own your instrument? Yes or No

Secondary Instrument(s)? _____
(list those on which you would be willing to perform.)

Profession _____
(if retired, 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



Please respond thoroughly to these questions:

How long have you played your primary instrument?

Continuously, or with interruptions?

Where did you attend high school? college or university? (names & locations)

Did you play with the band all through the years of your schooling?

What are the years of your graduation(s)? (*a 'range' of yrs. will suffice*)

Signature _____

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

Please note: applicants can expect to be

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