

# Stratford Concert Band

# Member Application Form

First Name

Last Name

Home Phone

Address

Work Phone

City

Postal Code

Cell Phone

e-mail address

Date of Application

Primary Instrument

Other Instruments

Emergency Contact Name

Emergency Contact Phone

Alternate Contact Phone

Can we include your name in our member lists & concert programmes?

Yes / No

Birthdate (req'd if under 20 yrs old)

Occupation

Other Musical / Community Groups (Bands, Choirs, Service Organizations, etc.)

Administrative Use Only. Do not write in this area

Music Director's Approval:

Music Director's Signature

Date

Uniform Issued:

Member's Signature

Date

Folder Issued:

Member's Signature

Date

Database Entry:

Initial

Date