

BROTHERTOWN MUSIC BOOSTERS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Home Phone:	Cell Phone:	Work Phone:
Current address:		
City:	State:	ZIP Code:
Email Address:		

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Home Phone (If Different)	Cell Phone:	Work Phone:

CHILDREN INVOLVED IN MUSIC DEPT.

Name 1 st Child :
Phone :
Name 2 nd Child:
Phone :
Name 3 rd Child:
Phone:
Name 4 th Child:
Phone:

VOLUNTEER OPPORTUNITIES

Chaperone	Yes	or	No	Advertisement assistance	Yes or No	
Marching Parades	Yes	or	No	Fundraiser events	Yes or No	
Officer position	Yes	or	No	Other :		

SIGNATURES

I authorize the verification of the information provided on this form.	
Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date: