



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 ***

(continued)