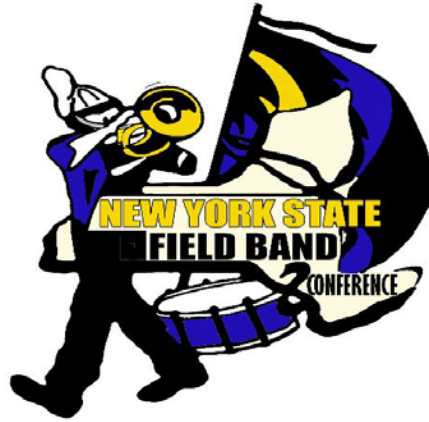


NYSFBC - Membership Application



School Name _____

Director Name _____

School email _____

School Address - Street _____

Town _____ State _____ ZIP _____

School Phone _____ Fax _____

Home Address - Street _____

Town _____ State _____ ZIP _____

Home Email _____

Home Phone _____ Cell/ Mobile _____

K-12 school population _____

Recent competitive experience _____

Signed:

Band Director

Date

School Principal

Date

Please remit membership dues to the financial secretary as outlined on the season dues invoice.

Email this form to president@nysfbc.org or mail to: John Blickwedehl, NYSFBC President

West Seneca West High School

3330 Seneca Street

West Seneca, NY 14224