

# AUSTINTOWN BAND PARENTS CLUB, INC.

## Membership Application For School Year 2018-2019

FATHER			
First Name:		Last Name:	
Current Address:			
City:		State:	Zip Code:
Home Phone:	Cell Phone:	E-Mail:	
MOTHER			
First Name:		Last Name:	
Current Address:			
City:		State:	Zip Code:
Home Phone:	Cell Phone:	E-Mail:	
STUDENT(S)			
Name:	Grade:	School:	Instrument:
<p>Austintown Band Parents Club, Inc. would like this opportunity to invite you to take an Active role in the Band Parents Organization. We support the instrumental music Programs at A.I.S, A.M.S., and Fitch High School. Please indicate the area(s) in which you Would like to assist in making this a first class organization.</p>			
50/50	Concessions	Uniform & Instrument Fundraising	
Spaghetti Dinner	Veteran's Day	Chaperone-requires background check	
Call if Needed	Fundraiser Distribution	Other	
Comments:			
Signature:			Date:
For Band Parents Club Use Only:		Membership Data	
Active	Ex-Officio	Alumni School Years:	
Associate	No. of applicants x \$5 ea.	Dues Collected: \$	