



Pell City Band Boosters

Membership

Registration Form

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email Address _____

Child's Name: _____

Child's Grade: _____ Child's Instrument: _____

Parent's Occupation: _____

Special Interest or Experience:

Suggestions or Questions:

Membership Fee: \$20 Family \$15 Single

Paid: Cash Check# _____ Total: _____

Member's Signature: _____

Date: _____