

Membership Form 2018-19 Season

| CONTACT INFORMATION (please submit one form per | member) | |
|---|--|--|
| Name G | uardian (if under 18) | |
| Address | City | Zip |
| Email Address | (most RCCB co | ommunication is through email) |
| Phone (circle preferred contact number below): | | |
| Mobile () Other () | | |
| Main Instrument Other Ins | truments | |
| ☐ I DO NOT wish to have my contact info available to☐ I DO NOT wish to have my name and photo online | | |
| I have read and agree to the rules of the Member Handbook As a member, I agree to: Pay my member dues by Thursday, October 4, 201 may increase by \$10 for all membership categories Attend all rehearsals and concerts unless I inform participate. Have my folder at every rehearsal and concert, every volunteer my time at least twice to help with concert. | .8 (or 2 weeks after the date I joing s after October 4, 2018. my section leader and Music Direc en if I am not there, and turn it in a | ed if after this date). Dues ctor that I will be unable to at the end of the season. |
| Signature | (gud | ardian if member is under 18) |
| ☐ Cash Enclosed | nation: \$ | community Concert Band.) |
| OFFICE USE ONLY PAID – date | Received by | 8/21/18 |