

EUNICE COMMUNITY CONCERT BAND AND CHOIR, INC.
MEMBER INFORMATION

Date _____

NAME

_____ first

_____ last

ADDRESS

_____ street, apt. no.

_____ city

_____ state

_____ zip code

PHONE

() _____ - _____ Home ____ Cell ____

() _____ - _____ Home ____ Cell ____

Email: _____

DATE OF BIRTH

_____/_____/_____
month day year

AGE

NAME OF SPOUSE (if married)

NAME OF PARENTS or GUARDIAN (if under 18)

Mother _____

Father _____

OCCUPATION

*** BAND**

Instrument _____

Instrumental Experience _____

*** CHOIR**

Voice (circle one)

S A T B

Vocal Experience _____

To return this form : ECCBC / 351 W. Maple Avenue / Eunice, Louisiana 70535

For more information: (337) 457-1776 [Dwight Jodon or Pat Dossman]

Please fill in as much of the information form as possible.

You may choose NOT to fill in some of the items.

THIS FORM IS NOT A REQUIREMENT FOR MEMBERSHIP!

INTERNAL USE: ROS EM CAL