

Jackson Memorial Band Parents, Inc.
2008-2009 Membership

Please check:

- | | |
|---|--|
| <input type="checkbox"/> \$5.00 Individual Membership | <input type="checkbox"/> \$3.00 Individual Alumni Membership |
| <input type="checkbox"/> \$7.00 Family Membership | <input type="checkbox"/> \$5.00 Family Alumni Membership |

Member(s)
Name(s): _____

Band Member
Name(s): _____

Mailing
Address(es): _____

Phone Number(s): _____

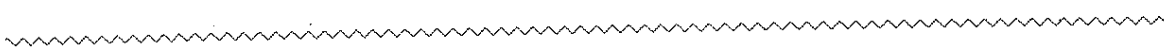
Email: _____

NO CASH WILL BE ACCEPTED
Please write a separate check for each form

Make checks payable to: Jackson Band Parents, Inc.

Checks can be mailed to the address below or can be brought to the next band parents meeting.

Jackson Memorial Band Parents, Inc.
PO Box 800
Jackson, NJ 08527



For official use only:

Check # _____ Amount: _____