

Jackson Memorial Band Parents, Inc.

2010-2011 Membership

PO Box 800

Jackson NJ 08527

732-833-1333

___ \$5 Individual

___ \$3 Individual Alumni

___ \$7 Family

___ \$5 Family Alumni

Band

Member(s) _____

Band Parent

Member(s) _____

Address _____

Phone _____

E-Mail _____

Interested in helping with:

___ Band Camp

___ Band Banquet

___ Chaperones

___ Competition

___ Equipment Crew

___ Fundraising

___ Hospitality

___ Phone Chain

Payment by Check Only payable to:

"Jackson Memorial Band Parents, Inc."

Please submit a separate check for each form.

Check# _____ Amount\$ _____

Date _____