



NBA Application for Membership or Renewal



Please fill out and mail in to complete your membership registration—the mailing address is at the bottom of this form. New members will receive a confirmation receipt and member number once we have received your form. You can also join online at <http://www.NationalBandAssociation.org>. Your membership is good for a one year term beginning once you join (online), or are entered into the membership database (through the NBA office).

First Name: _____ Last name: _____

Is this a New Membership or Renewal? (check one) Member Number (if known) _____

Membership Type (select from below)

- | | |
|--|--|
| <input type="radio"/> Individual \$45 | <input type="radio"/> Spousal \$70 (one copy of the <i>Instrumentalist</i>) |
| <input type="radio"/> Institutional \$55 | <input type="radio"/> Spouse Name _____ |
| <input type="radio"/> International \$55 | <input type="radio"/> Student \$10 |
| <input type="radio"/> Canadian \$50 | <input type="radio"/> Retired \$25 (<i>Instrumentalist</i> not included) |
| <input type="radio"/> Corporate \$120 | <input type="radio"/> Life \$300 (<i>Instrumentalist</i> not included) |

Home Information

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Phone:(_____) _____ Email Address: _____

School/Institution/Corporation Information

School, Institution or Corporation Name: _____

Primary Contact Person (if different from above): _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Work Phone: (_____) _____ Fax Number: (_____) _____

Web Page Address: www. _____

Silver NBA pin: ____ check if you'd like to purchase a pin for \$5

All members will receive access to an online version of the NBA Journal and will be notified of its availability by e-mail. Check "yes" or "no" if you would also like to receive a paper version in the mail. ____ yes ____ no

What are your primary areas of involvement with bands? (Select all that apply)

- | | |
|--|---|
| <input type="radio"/> Elementary | <input type="radio"/> Military |
| <input type="radio"/> Jr. High/Middle School | <input type="radio"/> Community |
| <input type="radio"/> Sr. High School | <input type="radio"/> Retired |
| <input type="radio"/> College/University | <input type="radio"/> Performing Musician |

Total amount enclosed: \$ _____

Make check or money order out to:
National Band Association

Mail to National Band Association
P.O. Box 25136 225/578-4693 (fax)
Baton Rouge, LA 70894 225/578-2259 (ph)