

**COLLEGE BAND DIRECTORS NATIONAL ASSOCIATION
MEMBERSHIP FORM**

do not write in this space

ck# _____ amt _____
date _____

★ ★ ★ ★ ★ ★ ★ ★ **IMPORTANT---IMPORTANT** ★ ★ ★ ★ ★ ★ ★ ★

CIRCLE ONE:

**I AM A
NEW MEMBER**

**I AM A
RENEWING MEMBER**

★ ★ ★ ★ ★ ★ ★ ★ **READ THIS---READ THIS** ★ ★ ★ ★ ★ ★ ★ ★
**PLEASE PRINT OR TYPE. RENEWALS AND NEW MEMBERSHIPS ARE
NOT VALID UNLESS ALL LINES MARKED WITH A STAR (★) ARE
COMPLETE AND LEGIBLE. DO NOT WRITE "SAME" OR "NO CHANGE"**

★ First Name: _____

★ Last Name: _____

★ Email: _____
(your email address will be your username)

Title: _____

★ Institution: _____

★ Institution Address1: _____

Institution Address2: _____

★ Institution City: _____

★ Institution State: _____ ★ Zip: _____ Institution Country: _____

★ Institution Phone: _____ Fax: _____

★ Home Address1: _____

Home Address2: _____

★ Home City: _____

★ Home State: _____ ★ Zip: _____ Home Country: _____

Home Phone: _____ Fax: _____

★ ★ ★ ★ Membership Category (check one)

- Active-\$85
- Retired-\$20
- Student-\$20
- Music Industry-\$125

★ ★ ★ ★ Return with check in U.S. funds payable to "CBDNA" to:

Douglas Stotter - CBDNA
Box 19105
Arlington, TX 76019-0105