

Liberty Band Parents & Students Association 2010-2011 Membership

Please check:

_____ \$5.00 Individual Membership

_____ \$3.00 Individual Alumni Membership

_____ \$7.00 Family Membership

_____ \$5.00 Family Alumni Membership

Member(s)

Name(s): _____

Band Member

Name(s): _____

Mailing

Address(es): _____

Phone Number(s): _____

Parent's Email: _____

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

**Make checks payable to: Jackson Liberty Band Parents and
Students Association Inc.**

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

Liberty Band Parents & Students Association
PO Box 753
Jackson, NJ 08527

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*For official use only:*

Check # \_\_\_\_\_ Amount: \_\_\_\_\_