

BUCKHORN BAND BOOSTERS CLUB
Membership Application

STUDENT'S NAME: _____

PARENT(S)

Last Name: _____ First: _____

Last Name: _____ First: _____

Home Address: _____

Home Phone: _____ E-Mail: _____

Business, Cell, or Pager: _____ E-Mail: _____

APPLICATION FEE: (attach check payable to **BHS BAND BOOSTERS**)

\$ 5.00 PER APPLICANT: number of applicants _____ = total enclosed _____

APPLICATION(S) SIGNATURE

In applying for membership in the buckhorn Bank Boosters, I agree to abide by the membership requirements as set forth in the By-Laws and to assist in carrying out the objectives.

Signature and Date

Signature and Date

Please mail completed application and check to: BUCKHORN HIGH SCHOOL BAND BOOSTERS
Attn. - Mr. David Raney, Director
4123 Winchester Road
New Market, Alabama 35761

VOLUNTEER INFORMATION:

please indicate which areas you can assist in:

___ Concession Stand ___ Chaperone ___ Spring Trip ___ Enjoys building things

___ Fund Rasier ___ Enjoys Sewing ___ Other ___ All the Above