



AAMU BAND BOOSTERS

WWW.AAMUBANDBOOSTERS.ORG

MEMBERSHIP APPLICATION

Name:

Current address:

City:

State:

ZIP Code:

Email address:

Membership Renewal (Y or N):

Parent/Family \$50.00:

Full Membership \$75.00:

Method of payment (Cash, Check, or PayPal):

LIST STUDENT(S) NAME IF PARENT/FAMILY

Name:

Name:

Name:

Name:

COMMITTEE OF INTREST (CHECK ONE)

Fundraising:

Communications/Public Relations:

Events/Hospitality

Recruitment/Membership

SIGNATURE

Signature of applicant:

Date:

***For applications sent via mail: Send check/money order to:
AAMU Band Boosters 8755 Hamil Ct. Douglasville, GA 30135**