

EDISON HIGH SCHOOL BAND PARENT MEMBERSHIP FORM

EHSBands.org

- Select One: Single Member (1 voting privilege) – \$10.00
 Family Membership (2 voting privileges) - \$15.00
 Friend of BPO (no fee/no voting privileges)

Paid \$ _____ cash or check number # _____

Student Name: _____

Instrument: _____

Grade 2018/19: 9 10 11 12

Parents Name: _____

Street Address: _____

Edison, NJ 088 _____

Home Phone: _____

Cell Phone: _____

Email(s) : _____

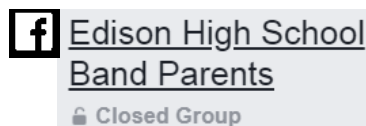
Please print clearly to receive emails

Area's of Interest for Volunteering / Specific Talents

(ie: fundraising/chaperoning/carpentry/truck driver/accounting/committee chair):

PLEASE RETURN FORM AND CHECK PAYABLE TO "EHSBPO" TO THE BAND DIRECTOR, MARC DeNICUOLO (DEENIE), AT A BAND PARENT MEETING or DROP IN THE BPO BOX OUTSIDE OF DEENIES OFFICE. MEETING DATES CAN BE FOUND ONLINE AT ehsBands.org CALENDAR PAGE.

PLEASE ALSO REQUEST TO JOIN OUR **CLOSED** FACEBOOK PAGE:



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