

EDISON HIGH SCHOOL BAND PARENT MEMBERSHIP FORM

www.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 in 2023/2024: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Parents Name: _____

Street Address: _____
Edison, NJ 088_____

Phone: _____

Email(s): _____
Please print clearly to receive emails

Areas 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 DeNicolò (DEENIE), AT A BAND PARENT MEETING or DROP IN THE BPO BOX OUTSIDE OF DEENIE’S OFFICE.

MEETING DATES CAN BE FOUND:

- Online at: ehsBands.org (Calendar tab)
- Joining us in to be part of the Band Parent email distribution
- On Facebook page. Request to join our closed page by answering a few questions:



Edison High School
Band Parents

🔒 Closed Group

FOLLOW US ON Twitter  @ehsbpo Remind app  @ehsbpo