

Jackson Memorial Band Parents, Inc.

2023-2024 Membership Form

PO Box 800

Jackson, New Jersey 08527

732-835-2132

___ \$5 Individual Member

___ \$10 Family Membership

___ \$3 Individual Alumni

___ \$5 Family Alumni

Band Student(s) & Class Year(s)

Band Parent Member(s) _____

Address _____

Parent Phone _____

Parent E-Mail _____

Payment by **check only** payable to:

Jackson Memorial Band Parents, Inc.

Notate student's full name and "Band Parent Membership" in memo section.

Submit during July Rehearsals, Band Parent Meeting, Band Camp, or mail to address above.

Benefits of Membership are listed in the JMBP Bylaws.

Membership Committee Chair Use Only

Check # _____ Amount \$ _____ Date _____