

Bayou City Blues Membership Application

First Name _____	Last Name _____	
Address _____		
City _____	State _____	Zip _____
Phone (H) _____	Phone (W) _____	
Fax (H) _____	Fax (W) _____	
Cell _____	Pager _____	
E-Mail (H) _____	E-Mail (W) _____	
Previous Musical Organizations & Years (Drum Corps, Bands, Rock Groups, etc. – include instruments)		

What other talents do you have that would help the Bayou City Blues? (check all that apply)		
<input type="checkbox"/> Web Developer	<input type="checkbox"/> Quartermaster/Equipment	<input type="checkbox"/> Software (i.e. Database)
<input type="checkbox"/> Bookkeeper/Accountant	<input type="checkbox"/> Tour Director	<input type="checkbox"/> Marketing
<input type="checkbox"/> Organizer	<input type="checkbox"/> Audio/Video Production	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Sales	<input type="checkbox"/> Construction	<input type="checkbox"/> Other _____
Membership Information		
Section:	<input type="checkbox"/> Brass:	<input type="checkbox"/> Soprano <input type="checkbox"/> Mellophone <input type="checkbox"/> French Horn <input type="checkbox"/> Baritone <input type="checkbox"/> Contra
	<input type="checkbox"/> Percussion:	<input type="checkbox"/> Snare <input type="checkbox"/> Tenor <input type="checkbox"/> Bass <input type="checkbox"/> Pit <input type="checkbox"/> Cymbal
	<input type="checkbox"/> Guard	
	<input type="checkbox"/> Drum Major	
Equipment:	<input type="checkbox"/> I own, or will provide, my own instrument	
	<input type="checkbox"/> I will require use of Bayou City Blues equipment	
Agreement		
Payment:	<input type="checkbox"/> One-Time payment of \$200 (can be paid before January 1 via cash or check)	
	<input type="checkbox"/> Twelve monthly payments of \$20	
By signing below, I agree to adhere to the payment schedule described above. I certify that I do not have any outstanding financial obligations to any other corps (junior, senior or alumni), and I agree to accept financial responsibility for loss or damage to any Bayou City Blues uniform or equipment in my care.		
Signed: _____	Date: _____	

Please return this completed application by your second full rehearsal. If you have any questions, please contact the Corps Director at BCBdirector@hotmail.com.