

McQueen Band Parents Association Annual Membership Application

School Year 20___/20___

McQueen Band Parents Association Mission Statement: To provide a forum that fosters effective communication, cooperation, financial support, physical assistance, and good fellowship among all parties involved with the Association. The stated goal is the implementation, support, and fulfillment of McQueen Band activities that are necessary for a successful and healthy Band Program. This includes but is not limited to Wind Ensemble, Concert Band, Marching Band, Jazz Band, Percussion Ensemble, Color Guard, Pep Band and all small ensembles.

NAME(S): _____

ADDRESS: _____

PHONE # _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Student's name (if applicable): _____

Membership Dues: (Used to cover expenses related to monthly newsletters)

_____ \$10.00 per Person

_____ \$15.00 per Household

_____ I wish to make an additional tax deductible contribution to the McQueen BPA in the amount of \$_____. A receipt with the non-profit tax ID will be mailed to you.

Volunteers: We need individuals with special skills. If any of the following apply to you, please let us know. _____ Nurse _____ Seamstress _____ Carpenter _____ Cook
_____ Other _____

(See back for more volunteer opportunities)

We encourage everyone to pitch in where and when they can throughout the year. You will have a great time! Don't forget . . . even a little is a lot and is ALWAYS appreciated!

Please send check or money order to: McQueen Band Parents Association
P.O. Box 33085
Reno, NV 89533