

ARKANSAS SCHOOL BAND & ORCHESTRA ASSOCIATION COLLEGE AND ASSOCIATE REGISTRATION STATEMENT

Please send in a separate form for person --
the money for all teachers at a school may be combined into one check.
Please type or print. – **PLEASE** fill in ALL requested information.
ONLY MEMBERS WHOSE FORMS AND FEES ARE IN BY SEPT 30TH WILL BE INCLUDED IN THE ROSTER.

1. Name -		2. Position -			
3. School -					
Items 4-18 may be entered at 'www.asboa.org', OR on this form. ALL other fields <u>must be completed on this form</u> . PLEASE submit an email so we can disseminate information to the membership quickly.					
4. School Address –		5. City -		6. Zip -	
7. School Phone –		8. Ext -	9. Fax -		
10. Home Address –		11. City -		12. Zip -	
13. Home Phone –		14. Email -			
15. Major Instrument –		16. Best time of day to call -			
17. Years taught music in AR (BEFORE this school year) –			18. Years out of state -		
I would be interested in presenting the following clinic or ensemble performance for All-State or ABA:					
I would like to recommend the following topic or person for a clinic at All-State or ABA:					
DEADLINE FOR PAYMENT OF FEES IS SEPTEMBER 30TH. ONLY MEMBERS WHOSE <u>FORMS AND FEES</u> ARE IN BY SEPT 30TH WILL BE INCLUDED IN THE ROSTER. COLLEGE/ASSOCIATE MEMBERSHIP FEE - \$15.00					
Make check payable and send to: (Please make sure that your office has this address for ASBOA!)		Arkansas School Band and Orchestra Association 6227 Tech Lane Russellville, AR 72801 FAX 479-498-6063 julia.reynolds@atu.edu			
FOR OFFICE USE ONLY:		REC'D	CASH	PO#	CHECK#
		FROM			AMOUNT