

Jackson Memorial Band Parents, Inc
2017-2018 Membership

PO Box 800
Jackson, NJ 08527
732-833-1333

_____ \$5.00 Individual Member

_____ \$10.00 Family Membership

_____ \$3.00 Individual Alumni

_____ \$5.00 Family Alumni

Band Member(s) & Class Year

Band Parent Member(s) _____

Address _____

Phone _____

E-Mail Address _____

Payment by **check only** payable to:
Jackson Memorial Band Parents, Inc

Please submit a separate check for each form
Benefits of Membership are listed in the Parent Handbook

Check # _____ Amount \$ _____ Date _____