

ACPBA 2017 Family Membership Form



Primary Contact Information

Primary Contact Name: _____

Address: _____

Phone Number: _____

*Email: _____

Players:

Name:	Pipe Band:	Activity:	Grade:

Activity:

Piper, Snare Drummer, Tenor Drummer, Bass
Drummer, Judge, Executive

Grade:

Beginner, Grade 5, Grade 4, Grade 3, Grade 2,
Grade 1, Open

Family membership rates if paid:

Before January 1st: \$25.00

After January 1st, before April 1st: \$35.00

After April 1st: \$45.00

Submit membership form and fee to:

ACPBA Membership Executive

C/O Jillian Ramsay

18-5240 Kent Street

Halifax, NS B3H 1P6

Cheques can be made payable to “Atlantic Canada Pipe Band Association”

***Please supply an email address for the receipt of the ACPBA Membership Cards.**

Please allow at least two weeks for processing. Memberships cannot be processed until payment has been received and processed by the Association.

Consent to Release Information:

I, the undersigned, give permission for the Atlantic Canada Pipe Band Association to selectively release my mailing information to sanctioned highland games. Mailing information will be used only for the forwarding of highland games application forms and is never to be sold.

Yes [] No []

Signature: _____