

## ACPBA 2017 Band Membership Form



### Contact Information

Primary Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Band Name: \_\_\_\_\_

Website: \_\_\_\_\_

Grade: \_\_\_\_\_

Pipe Major Name: \_\_\_\_\_

Drum Sergeant Name: \_\_\_\_\_

Family membership rates if paid:

Before January 1<sup>st</sup>: \$175.00

After January 1<sup>st</sup>, before April 1<sup>st</sup>: \$225.00

After April 1<sup>st</sup>: \$275.00

**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 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 the band's mailing information to corporate members, sanctioned highland games, and other partners to send related mailings to the band. The band's mailing information is never to be sold. Yes [ ] No [ ]

I authorize the ACPBA to list the band's contact information on the website. Yes [ ] No [ ]

Signature: \_\_\_\_\_

