



ANNUAL MEMBERSHIP

☐ I wish to join the FCA Band Boosters -\$10 Annual Fee

☐ I wish to RENEW my membership to the FCA Band Boosters -\$10 Annual Fee

Name: _____ Date: _____

How would you like your name to appear on our roll?

(ie. Smith Family / Mr. and Mrs. Smith / Ken, Becky and Todd Smith.)

Cell Phone: _____ Email: _____

Street Address: _____

City: _____ Zip Code: _____

Do you currently have any children or grandchildren in the FCA Band? YES / NO

Have you previously had any children or grandchildren in the FCA Band? YES / NO

If yes, please list names and grade:

The Band Boosters need your help. Please note areas you would like to assist the band:

- Attend Monthly Booster Meeting (3rd Monday of each month @ 7p)
- Interested in becoming a Band Booster Officer
- Sewing Skills to hem band uniforms
- Provide meals during band camp, before games, etc.
- Chaperon for Band Events
- Set-Up/Clean-Up for Events
- Help at Band Camp
- Musical Background _____
- Other _____

For office use only: Date Received: _____ Received by: _____ Cash or Check #: _____

Updated Jan 2024