

# NYSBDA Membership Application (2011-2012)

Please make all checks payable to: **New York State Band Director's Association**

Please mail to:



Mr. Michael Struzik, Treasurer  
535 Rondo Lane  
Webster, NY 14580

Active Membership: ..... \$75.00 (\$60 if paid by 10/15/11)  
Student Membership: ..... \$10.00  
Retired Membership: ..... \$20.00  
Donation, Commission Project: ..... \_\_\_\_\_  
Total Enclosed: ..... \_\_\_\_\_

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

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

Home City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

School/Business: \_\_\_\_\_

School/Business Address: \_\_\_\_\_

School City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ School County: \_\_\_\_\_

Grade Level (if school): \_\_\_\_\_ Major instrument: \_\_\_\_\_

**NYSBDA is always looking for ideas for upcoming conferences and area clinics.**

**Please share your thoughts and ideas below.**

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**If you are interested as serving as a clinician, please send an email to [NYSBDA@gmail.com](mailto:NYSBDA@gmail.com)**