



The Seneca Eagles Band Parents Association

P. O. Box 2097, Vincentown, NJ 08088

www.SEBPA.org

EIN#: 02-0712678

**2011-2012 Membership Application
\$12 Single/\$20 Family**

Please Print Clearly

Name(s) 1. _____

2. _____

Address _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Email 1. _____ 2. _____

Student's Name _____ Grade _____

_____ Grade _____

Band Program: Marching Color Guard Jazz Wind Ensemble
 Concert Pit Orchestra Percussion

Please check any areas you might have an interest in helping:

- | | | |
|--|--|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Prop Construction | <input type="checkbox"/> Ticket Sales |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Friday Feasts | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Band Competitions | <input type="checkbox"/> Awards Banquet |
| <input type="checkbox"/> Uniforms | <input type="checkbox"/> Jazz Festival | <input type="checkbox"/> Spirit Committee |
| <input type="checkbox"/> Marching Band Pit Crew | <input type="checkbox"/> Student Awards | <input type="checkbox"/> Dinners at Camp |
| <input type="checkbox"/> Other: <i>(any special skill that you can offer)</i> _____ | | |

Payment: \$12/Single \$20/Family **Date:** _____

If you are sending your membership by mail, please send entire form to the address above.

**Make check payable to: SEBPA
If you request a receipt, your receipt will be mailed to you.**

SEBPA Membership Receipt

Name(s) _____

Received by _____ **Date** _____

Amount _____ **Check #** _____ **Cash**

Thank you for supporting the Band programs of Seneca High School