



PERFORMING ARTS ASSOCIATION, INC.

2009-2010 Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: ____/____/____

Home Phone: _____ Alt. Phone: _____

Member E-mail Address: _____

*Parent Name: _____

*Parent Phone (If different than yours): _____

*Parent E-mail Address: _____

Are You a Student? _____ If Yes, Where? _____

*Parent information is required for members under the age of 18

Tell us something about your marching experience (groups you marched with, years, etc.)

Have you ever marched with the Conquistadors? _____