

# Arkansas School Band and Orchestra Association

## COLLEGE AND ASSOCIATE REGISTRATION STATEMENT

Please send in a separate form for person --

the money for all teachers at a school may be combined into one check.

Please type or print. – **PLEASE** fill in ALL requested information.

**ONLY MEMBERS WHOSE FORMS AND FEES ARE IN BY SEPT 30<sup>TH</sup> WILL BE INCLUDED IN THE ROSTER.**

1. Name

2. Position

3. School

In addition to submitting this form, you **MUST** complete all other contact information online on the E-Form

I would be interested in presenting the following clinic or ensemble performance for All-State or ABA:

I would like to recommend the following topic or person for a clinic at All-State or ABA:

**DEADLINE FOR PAYMENT OF FEES IS SEPTEMBER 30<sup>TH</sup>.**  
**ONLY MEMBERS WHOSE FORMS AND FEES ARE IN BY SEPT 30<sup>TH</sup> WILL BE INCLUDED IN THE ROSTER.**

**COLLEGE/ASSOCIATE MEMBERSHIP FEE - \$15.00**

**Make check payable and send to:**  
**(Please make sure that your office has this address for ASBOA!)**

Arkansas School Band and Orchestra Association  
 PO Box 2024  
 Russellville, AR 72811  
 FAX 479.498.6063 or 501.421.7994  
[julia.reynolds@atu.edu](mailto:julia.reynolds@atu.edu)

FOR OFFICE USE ONLY:

REC'D

CASH

PO#

CHECK#

FROM

AMOUNT