



NATIONAL CATHOLIC BAND ASSOCIATION COMMISSIONING CONSORTIUM

Participation Application/Invoice

Yes, I want to participated in the NCBA Commissioning Consortium.

Please print/type CLEARLY as the following information will be used for publication
(*School, Town, State, and Director will be published on the work)

*Name of Director _____

email address _____

*Name of School _____

School Address _____

*Town _____ *State _____ Zip _____

Please list any phone numbers that you would like us to use when contacting you.

Work _____

Cell _____ Home _____

Please Check _____ Member/\$50

_____ Non-Member/\$100

Special Offer for Non-members (check one)

I wish to join NCBA and participate in the Commissioning Consortium

_____ New Member \$90 (\$40 annual dues, \$50 consortium fee)

Please make checks payable to NCBA and send to:

Keith Miller - President
104 Garris Rd
Downingtown, PA 19335
ncbasecretary2016@gmail.com