

# MEMBER INFORMATION SHEET

FULL LEGAL NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LOCAL TELEPHONE \_\_\_\_\_ CELL/PAGER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF YOUR BIRTH \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

INSTRUMENT: \_\_\_\_\_ COLOR GUARD: \_\_\_\_\_

FATHER	MOTHER (check here if address/phone is same <input type="checkbox"/> )
Name	Name
Address	Address
City/St/Zip	City/St/Zip
Phone:	Phone:
Email:	Email:

IF YOUR PARENTS DO NOT LIVE TOGETHER, WHO SHOULD RECEIVE INFORMATION?

FATHER \_\_\_\_\_ or MOTHER \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT: \_\_\_\_\_  
(name and full phone number)

SIGNATURE OF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

