



Canadian Band Association (Ontario) Membership Application

Organization Name: _____

Contact Name: _____

Mailing address: _____
Street Address

City Province Postal Code

Contact phone: _____

Email address: _____

Band website URL: _____
(if applicable)

Annual Membership Fee Schedule:

See <http://www.cba-ontario.ca/membership-benefits.shtml#Types> for descriptions

- | | | | |
|---|---------|--|---------|
| <input type="checkbox"/> Regular | \$40.00 | <input type="checkbox"/> Institution | \$50.00 |
| <input type="checkbox"/> Student | \$25.00 | <input type="checkbox"/> Commercial/Subscription | \$80.00 |
| <input type="checkbox"/> Band / Orchestra | \$50.00 | | |

Are you interested in free webhosting for your band? Yes Not at this time
<http://www.cba-ontario.ca/membership-benefits.shtml>

Are you interested in free mail distribution list of your members? Yes Not at this time
<http://www.cba-ontario.ca/membership-benefits.shtml>

Are you interested in receiving information about our upcoming
Community Band Weekend? Yes Not at this time
<http://www.cba-ontario.ca/programs.shtml>

Are you interested in participating in the CBA(O) centralized library
project? Yes Not at this time
<http://www.cba-ontario.ca/library.shtml>

Would you like to be on our clinicians list? Yes Not at this time
If yes, please specify concert band/jazz band clinician/adjudicator, sectionals/full band, and other specialties.

Signature of applicant or organization contact: _____

Date: _____

Please complete this application and mail it, with a cheque payable to *Canadian Band Association (Ontario)*, to CBA-Ontario Membership, 54 Deanewood Cresc., Toronto, ON, M9B 3B1