

N.O.B.O.B.

North Olmsted Band and Orchestra Boosters

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Patti Maroli
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www.eaglemusic.org

2011-2012 Membership Application

Please print clearly

Additional Parent/Guardian

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

E-mail Address: _____

E-mail Address _____

Your student's name(s): _____

Graduation year(s): _____

Please indicate if your student(s) is in:

(check all that apply) _____ Band _____ Orchestra _____ Eaglet/Flag Corp

I don't have a student in the 2011-2012 band/orchestra/eaglet program but,

I am the proud ___ Grandparent ___ Aunt ___ Uncle ___ Friend ___ Alumni

Enclosed is \$ _____ for my: ___ Silver Level Membership (\$15 - \$24)

___ Gold Level Membership (\$25 - \$49)

___ Platinum Level Membership (\$50 - more)

I would like to make an additional tax-deductible contribution of \$ _____

**Please make your check payable to:
North Olmsted Band and Orchestra Boosters (NOBOB)**

Mail check and application to:
North Olmsted Band and Orchestra Boosters
5755 Burns Road
North Olmsted, OH 44070

Or drop off in the main office of the High School
All booster members will be acknowledged in the concert programs.
Please indicate on the line below how you would like to see your name in the program:

Please print clearly so we don't misspell your name.

I would like to help NOBOB!
Please CONTACT ME and explain the various ways I can get involved.

I would like to save NOBOB money by receiving the newsletter electronically.
Please send me reminder e-mails when it is available on-line.
(Include e-mail address(es) above.)