

Membership Application

Please print clearly	Additional Parent/Guardian
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Your student's name(s):	
Graduation year(s):	
NOTE: in order for a student to be eligible for a NOBOB schola student's Senior Year; Class of 2019 going forward for a minim	rship, membership by a parent/guardian is required as follows: CLASS of 2018 in the um of two years.
Indicate the group(s) your student(s) participa	
(check all that apply)	Silver Level Membership (\$20 - \$29)
Band	□ Gold Level Membership (\$30 - \$49)
Orchestra	Platinum Level Membership (\$50 - more)
□ Eaglet	□ Corporate Membership (minimum \$100)
I don't have a student in the 2017-2018 Band or Orchestra, but I am a proud:	I would like to make an additional tax-deductible contribution of \$
Grandparent	to be credited to: General Fund
Aunt	Uniform Replacement
	Please make your check payable to:
Alumni (name:	North Olmsted Band and Orchestra Boosters
Alumni Relative	(NOBOB)
(Alumni name(s):	
	Or drop off in the main office of the High School

All booster members will be acknowledged in concert Programs. Please indicate on the line below how you would like to see your name in the Programs (i.e., Smith Family or John & Mary Smith or John Smith or Smith Roofing):