



RANGER BAND ALUMNI ASSOCIATION

www.rbalum.com

MEMBERSHIP APPLICATION

Last Name _____ First Name _____ Middle Initial _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Years Participated in the Ranger Band _____ Graduation Year _____

College Major _____ Present Occupation _____

Member of: Marching Band Jazz Ensemble Wind Symphony
 Kilgore College Twirlers

RANGER BAND ALUMNI ASSOCIATION MEMBERSHIP DUES

New or Returning Member - **\$10 - Annually** \$ _____

DONATIONS

I would like to donate to the Ranger Band Alumni Association. \$ _____

I would like to donate to the Kilgore College Band Program. \$ _____

TOTAL ENCLOSED (including dues and or donations) \$ _____

Make checks payable to: Ranger Band Alumni Association

WANT TO DO MORE AS A MEMBER?

If you are interested in doing more with the Ranger Band Alumni Association, let us know. There are many ways you can help; just check an option below.

I am interested in becoming a (n):

- Committee Member
- Area Representative
- Class Representative
- Board Member
- Corporate/Private Sponsor
- Other: _____

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OFFICIAL USE ONLY

___ RECEIVED ___ PAID ___ PAYMENT PLAN ___ DONATION(S)

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