



**THE 369<sup>TH</sup> EXPERIENCE BAND – MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION -- PLEASE PRINT CLEARLY**

Name:		
Date of Birth:	SSN (last four digits only): XXX-XX-_____	Cell Phone:
African American: <input type="checkbox"/>	Puerto Rican: <input type="checkbox"/>	
Email Address:		
Home Address:		
Home City:	State:	ZIP Code:
Home Phone:	Home FAX:	

**ACADEMIC INFORMATION**

School Name:			
Applicant's Address at School:			
City:	State:	ZIP Code:	
Applicant's Phone at School:	FAX:	Classification:	GPA:
Applicant's Major:		Applicant's Minor:	
Transcript Attached (required): <input type="checkbox"/> YES, I have attached or uploaded an electronic copy of my transcript and the endorsement of the Band Director.			

**MUSICAL INFORMATION**

List All Instruments Played:	
Instrument:	How long?
Instrument:	How long?
Instrument:	How long?
Discuss Significant Major Music Accomplishments (200-character limit @ 8 pts.)	

**UNIFORM INFORMATION**

Height:	Weight:	Chest:	Waist:	Hips:
Shirt Size:	Suit Size:	Shoe Size:	Pants Inseam:	

**BAND DIRECTOR'S ENDOSEMENT**

Signature:	Date:
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**SIGNATURE**

I authorize the verification of any information provided on this form. I have printed a copy of this application for my records.	
Signature of applicant:	Date: