

First name:

Individual Membership Application

Individual membership is open to all: percussionists, non-percussionists, musicians, non-musicians, professionals, students, and anyone seeking to support our cause. One-year Individual Membership dues: \$50. To submit your application: **Print** both pages, **complete** all of the information, (if under 18, have a parent/guardian fill out the bottom portion of page 1), **create a PDF** of the application, and **email** the application to **ABOP**: info@abop.us

Last name:

APPLICANT INFORMATION

Date of birth:/ Ag	e: If under the a information a	ge of 18, a parent/guardian must sign and complete the t the end of this application.
Street address:		
		Zip code:
Phone number with area code:		Email:
Adult T-shirt size: 2X XL L	$\square M \square S \square XS$	No T-shirt needed! Have the expense of my T-shirt go toward ABOP's Mentorship Program!
If you are able, how can you best supp	oort ABOP?	
		8, a parent or guardian llowing information.
PARENT/GUARDIAN INFORM	IATION	
First name:	Last name	
Street address:		
City:	State:	Zip code:
Phone number with area code:		Email:
Comments (optional):		



Individual Membership Application (continued)

PAYMENT INFORMATION

Credit Card Print name on card:		
Billing address:		
Credit card number: 3-digit code		
One-year Individual membership dues: \$50 Optional donation: \$ Total charge : \$		
☐ I authorize a charge to my card account for the above amount in accordance with my card issuer		
agreement. Signature of cardholder: Date:		
Check Make check payable to ABOP in the amount of \$50 (+ optional donation) and mail with the completed application to:		
ABOP		
PO Box 93034		
Pasadena, CA 91109		

Thank you for joining ABOP! You will receive a confirmation email. Feel free to contact us with any questions you may have.

Thank you, Alliance of Black Orchestral Percussionists

abop.us info@abop.us

ABOP PO Box 93034 Pasadena, CA 91109-9800 Phone: 1-833-256-ABOP