

**WTSBOA
MEMBERSHIP
Directors only**

FIRST NAME _____

LAST NAME _____

HOME ADDRESS _____

CITY _____ ST _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ Pager _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY _____ ST _____ ZIP _____

SCHOOL PHONE _____ FAX _____

SCHOOL PRINCIPAL _____

MENC # _____ MENC EXP. _____

MAJOR INSTRUMENT _____
BAND/ORCHESTRA

OTHER SCHOOL ASSIGNMENT _____

GRADE TAUGHT _____

SCHOOL/DIRECTOR FEE _____ \$100.00 _____

EMAIL ADDRESS (please use CAPITAL LETTERS) _____

Mail to:

WTSBOA
Darrell Evans
4090 Belew Drive
Milan, TN 38358