



## JTHS BAA Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Instrument(s) \_\_\_\_\_

Campus \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Please mail this application and your dues payment of \$10 to:

JTHS Band Alumni Association  
PO Box 1261  
Joliet, IL 60434