



2009 Official Application
For Membership

Date of Application _____ Section of Interest _____

Last name _____ First _____ Initial _____

Date of Birth: _____ Age _____

Home Address: _____ State: _____ Zip: _____

Personal Home or School Phone # () _____

Other Address: school, etc) _____

City: _____ State: _____ Zip: _____

Your E-Mail Address: _____

*(***Please print clearly***)*

| |
|--|
| Have you ever practiced or performed with another drum and bugle corps? _____ Yes _____ No |
| If yes, list corps and dates: _____ |
| Do you owe any drum and bugle corps money, equipment or uniforms? _____ Yes _____ No |
| If yes, please describe: _____ |

| |
|---|
| <p>DCI Policy prohibits drum corps from accepting members who owe any other DCI drum corps money, uniforms or equipment.</p> <p>Please initial that you understand this policy: _____</p> |
|---|

Please return all forms with your \$50.00 registration fee to:

The Citations • PO Box 379 Burlington, Massachusetts 01803 •
or bring with you to first rehearsal/camp



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For Membership**

Member Name _____

| | |
|-------------------------------|-------------------------------|
| Mother's First Name _____ | Last Name _____ |
| Mother's Address: _____ | State: _____ Zip: _____ |
| _____ | |
| Mother's Phone # () _____ | Mother's E-mail Address _____ |
| Mother's Occupation: _____ | Work Phone/Cell Phone _____ |

| | |
|-------------------------------|-------------------------------|
| Father's First Name _____ | Last Name _____ |
| Father's Address: _____ | State: _____ Zip: _____ |
| Father's Phone # () _____ | Father's E-mail Address _____ |
| Father's Occupation: _____ | Work Phone/Cell Phone _____ |

| |
|--------------------------------------|
| Emergency Contact _____ |
| Emergency Contact Phone # _____ |
| Emergency Contact Relationship _____ |