



**2008 Official Application
For Membership**

Date of Application _____ Section of Interest _____

Last name _____ First _____ Initial _____

Date of Birth: _____ Age _____ Place of Birth (City, State, Country) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Personal Home or School Phone # () _____ Parents Phone # () _____

Dorm/Apartment Address (If living at school): _____

City: _____ State: _____ Zip: _____

Your E-Mail Address: _____

Jr. HS Student HS Student College Student Name of College or HS: _____ Non-Student

Father's Name: _____ Occupation _____

Mother's Name: _____ Occupation _____

Parent(s) Address (If different from applicant's):

Have you ever practiced or performed with another drum and bugle corps? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list corps and dates: _____
Do you owe any drum and bugle corps money, equipment or uniforms? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe: _____

Do you have any medical condition of which we should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe: _____
Do you take any medication on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe: _____

How did you get in touch with us: Through Citations Web Site Signed Up at Recruiting Event Ad or Flyer
 Through Band Director Through Corps Member Other: _____

How do you plan to meet your financial obligation if selected for membership? _____

Please describe any experience or awards that you feel might be of interest to our staff: _____

Please return with your registration fee to: The Citations • PO Box 379 Burlington, Massachusetts, • or bring to first camp/rehearsal