



*A volunteer supported, not-for profit Association*

**Preferred method of membership application & payment of your annual membership fee is the On-Line submission form. [Here](#)**

[wamsb.org/application\\_online\\_membership.htm](http://wamsb.org/application_online_membership.htm)

If, for any reason, you do not want to register On-Line, continue with this printable EMAIL-IN Registration Form.

**This is a EMAIL-IN membership application form for use when not applying On-Line**

## EMAIL-IN Registration & Payment

- Once you have completed this 2 page form, please
  - scan and then
  - EMAIL to [wamsb@wamsb.org](mailto:wamsb@wamsb.org)
- Membership fees are noted next to each membership type.
- Arrangements can be made to pay your annual membership fee by wire transfer or by PayPal using a credit card.
- For Payment directions email: [wamsb@wamsb.org](mailto:wamsb@wamsb.org)

**Your membership application cannot be processed if we do not receive payment of the annual membership fee.**

**Fields marked with an asterisk (\*) are required**

<b>* Application Type:</b> <i>(circle one)</i>	<input type="checkbox"/> <b>New Membership</b>  <input type="checkbox"/> <b>Membership renewal</b>
<b>* Membership Type:</b> <i>(circle one)</i>	<input type="checkbox"/> <b>Band Director</b> (annual membership \$50.00 USD)  <input type="checkbox"/> <b>Band</b> (annual membership \$100.00 USD)  <input type="checkbox"/> <b>Affiliated Association</b> (annual membership \$500.00 USD)
<b>Wamsb.org User Name:</b> <i>(Required for renewal only - leave space blank if this is a new application)</i>	

**EMAIL-IN Application page 1 of 2 page application (please include both pages)**



**World**



**Association of Marching Show**



**Bands**

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Name	
<i>Print or Type</i> <b>* Applicant's Given Name:</b>	
<i>Print or Type</i> <b>* Applicant's Family Name:</b>	
<b>*If application is for a Band</b> <i>(print or type the applicable name)</i>	
Contact Information	
<b>*Address Line 1:</b>	
<b>*Address Line 2:</b>	
<b>*City:</b>	
<b>*Region:</b> <i>(state, province or prefecture)</i>	
<b>*Country:</b>	
<b>*Postal / ZIP Code:</b>	
<b>*Email:</b>	
<b>Web Site Address:</b> <i>(If applicable)</i>	
<b>* Primary Phone:</b> <i>(please include the country code)</i>	
<b>Mobile Phone:</b> <i>(please include the country code)</i>	
<b>Secondary Phone:</b> <i>(please include the country code)</i>	
<b>Fax:</b> <i>(please include the country code)</i>	
General Information	
<b>Information about the applicant:</b>	
<b>Association of which the applicant is a member:</b>	
<b>EMAIL-IN Application page 2 of 2 page application (please include both pages)</b>	

