



# World Association of Marching Show Bands

*A volunteer supported, not-for profit Association*



# Bands

The preferred method of membership application and payment of your annual membership fee is the [online submission form](#).

If for any reason you do not want to register online, continue with this printable email Registration Form.

This is an EMAIL-IN membership application form for use when not applying online

## EMAIL-IN Registration & Payment

- ✓ Once you have completed this 2-page form, please
  - Scan 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

|   |  |
|---|--|
| <p><b>* Application type:</b></p>   | <p><input type="checkbox"/> New membership</p> <p><input type="checkbox"/> Membership renewal</p>  |
| <p><b>* Membership type:</b></p>  | <p><input type="checkbox"/> <b>Band director</b><br/>(Annual membership: \$50 USD)</p> <p><input type="checkbox"/> <b>Band</b><br/>(Annual membership: \$100 USD)</p> <p><input type="checkbox"/> <b>Affiliated association</b><br/>(Annual membership: \$500 USD)</p> |
| <p><b>Wamsb.org user name:</b><br/>(Required for renewal only – leave space blank if this is a new application)</p> |  |

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



**World**  **Association of Marching Show**  **Bands**  
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| Name   |  |
|--|--|
| Print or type<br><b>* Applicant's given name:</b>                                      |  |
| Print or type<br><b>* Applicant's family name:</b>                                     |  |
| <b>* If application is for a Band</b><br>(print or type the applicable name)           |  |
| Contact Information  |  |
| <b>*Address line 1:</b>  |  |
| <b>*Address line 2:</b>  |  |
| <b>*City:</b>  |  |
| <b>*Region:</b><br>(state, province or prefecture)                                     |  |
| <b>*Country:</b>   |  |
| <b>*Postal / ZIP Code:</b>   |  |
| <b>*Email:</b>   |  |
| <b>Website address:</b>  |  |
| <b>*Primary phone:</b><br>(please include country code)                                |  |
| <b>Mobile phone:</b><br>(please include country code)                                  |  |
| <b>Secondary phone:</b><br>(please include country code)                               |  |
| <b>Fax:</b><br>(please include country code)   |  |
| General Information  |  |
| <b>Information about the applicant:</b>  |  |
| <b>Association of which the applicant is a member:</b>                                 |  |
| <b>EMAIL-IN Application</b>   Page 2 of 2-page application (please include both pages) |  |

