

Membership Application

JOIN THE ABA!! The ABA needs your financial support to publish its newsletter, which provides notices of clinics, camps, rank and competition guidelines, etc.; sponsor clinics; communicate with veterans' organizations; provide relief to ex-Gurkha soldiers; and other such activities. Please help the ABA by mailing the following application, for new and renewal memberships, with a check for

\$ 100.00 (annual dues) FULL MEMBERS (black belts) or \$ 75.00 for student members

PAYABLE TO: The American Bando Association, Inc. OR The ABA

Check may be **mailed** to
American Bando Association
c/o Mimi Quinn
P. O. Box 544
Ardmore, PA 19003-0544

Your name: _____ Your Bando rank: _____

Address: _____ Birth date _____

City: _____ State: _____ ZIP: _____

Night phone () _____ Day phone () _____

E-mail address: _____

******WOULD YOU OBJECT TO HAVING YOUR CONTACT INFORMATION MADE AVAILABLE TO THE MEMBERSHIP? OK TO SHARE MY INFORMATION ____ OR NO, DO NOT SHARE MY INFORMATION ____**

Military Service (include unit, dates, locations, etc. of experience)

Occupation (if self-employed, please describe your work)

Special Skills (ie. Computer software programs; organizational, etc.)

Are you Able to Assist with any of the ABA Committees? (If so, check below) Committee descriptions are attached

:

Membership Committee ____

Finance & Fundraising Committee ____

Training & Instruction Committee ____

National Events & Tournaments Committee ____

Public Relations & Information Committee ____

History, Records & Publications Committee ____

Your instructor's name: _____

Their rank: _____

Names of other instructors _____

School name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Avg. no. of students: _____