



**The American Bandmasters Association
Application for Associate Membership**

Date: _____

Name of Firm/Organization/Individual Engaged in the Music Industry:

Business Description & History (Attach Supporting Materials): _____

Approximate Number of Years in Present Business: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Business Telephone: _____

Name of Representative to ABA: _____

Position of Representative: _____

Representative's Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Preferred E-Mail Address: _____

Representative's Biographical Data (Attach Supporting Material): _____

Associate Member Sponsor: _____ Date: _____

Attach recommendations from the Associate Member Sponsor and at least two other Members or Associate Members:

Send the completed application and supporting materials to: William J. Moody--ABA, 4250 Shorebrook Dr., Columbia, SC 29206

Date Received (Deadline for Application and Recommendations--February 1): _____

Date Approved by the Associate Member Committee: _____