

**After Hours Community Band  
Web Site Information  
*www.ahcb.org***

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Information that you provide on this form will be posted on the AHCB web site to provide a list of band members. Please leave blank any information that you do not want included on the web site.

Name \_\_\_\_\_  
*first* *last*

Instrument \_\_\_\_\_

Occupation \_\_\_\_\_

E-mail address: \_\_\_\_\_

Band member since \_\_\_\_\_  
*year*

\_\_\_\_\_  
*signature* *date*

\_\_\_\_\_  
*Parent/guardian signature (if under 18 years of age)* *date*

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***Please return this form to Bill Sanders***

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