

University of Oklahoma Band Alumni Association

Membership Information Form

Today's Date: _____

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Address: _____

City/St/Zip: _____

Home Phone Number: _____ Alternate Phone number: _____

E-mail: _____ @ _____

Employment: _____

Please check here if the above information is new.

Years in Pride: _____ to _____ INSTRUMENT: _____

Were you in TBΣ? _____ ΚΚΨ? _____ - Officer? _____

Are you an OU Graduate? _____ Degree: _____ Yr Graduated: _____

COMMENTS/SUGGESTIONS: _____

