



OU 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 TBS? _____ KKY? _____ - Officer? _____

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

COMMENTS/SUGGESTIONS: _____

Return this form to:
OU Band Alumni Association
P.O. Box 297
Norman, OK 73070-0297

Or email this information to
secretary@oubandalumni.org

Visit our website at
www.oubandalumni.org.