Sons Of Portugal Band

Member Information Form

Name:_____Date:_____

Street Address:_____

City:_____ State:_____ Zip Code_____

Day Phone:_____ Evening Phone:_____

Cell Phone:_____ Email Address:_____

What musical instruments can you play? (In order of most to least skilled).

1._____ Years of experience:_____

2._____ Years of experience:_____

3._____ Years of experience:_____

4._____ Years of experience:_____

Do you have any conflicts with rehearsals on Sunday Mornings from 10:30 am to 12:30 pm?

_____

_____

_____

Please Check One:

▢ New Member

▢ Past Member Rejoining The Band

Signature:_____Date:_____