



GNODCA MEMBERSHIP Application

(please print neatly and completely)

For Staff Use Only		

Name _____ Birth Date _____ / _____ / _____
(Last) (First) (Initial) (Month) (Day) (Year)

Home Address _____
(Street)
 _____ Phone (____) _____ Cell (____) _____
(City) (State) (Zip+4)

Email _____

In Case of Emergency. Notify _____

Relationship _____ Contact Telephone No _____

If Under 18 – Please Complete This Section

Mother/Guardian: Name _____
 Address _____

 Hm Phone(____) _____
 Wk Phone(____) _____
 Employer _____
 Occupation _____
 Willing to Volunteer? [Yes] [No]

Father/Guardian: Name _____
 Address _____

 Hm Phone(____) _____
 Wk Phone(____) _____
 Employer _____
 Occupation _____
 Willing to Volunteer? *Yes] *No]

Have you ever practiced or performed with another drum corps? *Yes] *No] If yes, please list corps & dates:

If Married – Please Complete This Section

Spouse's Name: _____ Phone: _____ Email _____

What is your primary interest? Soprano Mellophone French Horn Baritone Contra Bass Snare Tenors Bass Drum
 Cymbals Pit Flag Rifle Saber Other _____

What part of GNODCA do you want to be part(s) of?
 COMPETING CORPS - EXHIBITION CORPS - ENSEMBLES - SUPPORT

Volunteer Committees (please circle all that you would like to help out in)

Banquet Fundraising Historical Jazz Fest Librarian Membership Newsletter Public Relations
 Quartermaster Sewing Social Support Staff Telephone Website
 Other _____

It is understood that this contact information will be shared ONLY with the administration and staff of Greater New Orleans Drum Corps Association, for the purpose of conducting corps business, as well as medical personnel (if needed). I hereby give my permission for my child/ward to participate in the activities of Greater New Orleans Drum Corps Association. I do hereby indemnify and hold harmless the Administration, Officers, Directors, Staff, Chaperones, Boosters, Sponsors and Affiliated Persons and Organizations from any accidents or injuries resulting from such participation.

(Signature) (Date) (Signature of parent/guardian) (Date)
(Required if applicant is under 18 years of age)