Solano Winds 2025 Membership Information Form

Returning Mem	ber New Member	High School Student
FULL NAME		
(print legibly)		
ADDRESS		
EMAIL ADDRESS		
MOBILE PHONE		
HOME PHONE/OTHER		
INSTRUMENT(s)	Primary band instrument:	Small ensemble instrument:
OCCUPATION		
EMERGENCY CONTACT (non-band member)		
 I permit the use of my photogor publicity purposes. I agree to participate in Solan I understand that the Solano will support the activities of administered by the Governit I am voluntarily participating and I agree to release and ho volunteers from any and all I be sustained by me as a result and all Solano Winds activitied I will participate in at least Color I understand that the scope of making and supportive tasks volunteer. The Solano Winds volunteer is responsible for hinjury or illness as a result of I will always email members 		plano Winds roster, website and 24/25 "Companion". Ition with limited resources and I is a non-profit organization lifornia. Inpensation, and at my own risk is staff, agents and fellow is that has been or may hereafter my volunteer participation in any ano Winds is limited to music return for services provided by a divide in the event of personal distribution in a rehearsal.

and Conditions in the "Companion" and those listed above in this Membership Form.

Date:

Folder #

Signature:

For office use only: Paid **\(\mathbb{B} \)**