



Castle Band Aid Association 2024-2025 Annual Membership

Student #1 Name	Grade	Instrument
Student #1 Cell Phone Number	Student #1 Email Address	
Student #2 Name	Grade	Instrument
Student #2 Cell Phone Number	Student #2 Email Address	

MOTHER/GUARDIAN INFORMATION

First / Last Name			
Home Phone Number	Cell Phone Number		
Mailing Address	City	State	Zip Code
Email Address			
Are you willing to volunteer with band events/activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FATHER/GUARDIAN INFORMATION

First / Last Name			
Home Phone Number	Cell Phone Number		
Mailing Address	City	State	Zip Code
Email Address			
Are you willing to volunteer with band events/activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Membership Dues: \$75.00 per student (sibling - additional \$50.00). Checks payable to "CBAA"
 Note: Non-members will be assessed a fee for CBAA sponsored events and activities.

Please return this form along with membership dues to the CBAA Box located near the entrance inside of the bandroom or mail to: CBAA, PO Box 957, Kaneohe, Hawaii 96744.

For Official Use: Cash _____ Check No./Amount _____