

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type (Check One):

<input type="checkbox"/>	Individual Membership	\$15.00
<input type="checkbox"/>	Student Membership	\$10.00
<input type="checkbox"/>	Family Membership	\$25.00
<input type="checkbox"/>	Band/Instituton Membership	\$25.00
<input type="checkbox"/>	BlueBlood Membership	\$100.00
<input type="checkbox"/>	Corporate/Business	\$100.00

Mail Form with payment to:

PBPS Membership

P.O Box 9737

Greensboro NC, 27429

Your card will arrive in the mail in approximately 2 – 3 weeks.

Thanks for your support!