



PIPERS' AND PIPE BAND SOCIETY OF ONTARIO NEW MEMBERSHIP APPLICATION

Name _____ Apt _____ Address _____ City _____ Province/State _____ Postal/Zip Code _____ Telephone Number _____ e-Mail Address _____ Band Name if Applicable _____ _____	2010 Membership Application is \$45.20, includes HST Cash Cheque Credit Card Credit Card Type _____ Cardholder Name _____ Credit Card Number _____ Expiry Date _____ Mail membership application and payment to PPBSO, 50 Steeles Ave E. Suite 29, Milton, ON L9T 4W9 Tel (905) 878-3000
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INSTRUMENT <input type="checkbox"/> Piper <input type="checkbox"/> Side Drum <input type="checkbox"/> Tenor Drum <input type="checkbox"/> Bass Drum <input type="checkbox"/> Drum Major	BAND RANK (if Applicable) <input type="checkbox"/> Pipe Major <input type="checkbox"/> Pipe Sergeant <input type="checkbox"/> Lead Drummer <input type="checkbox"/> Instructor <input type="checkbox"/> Band Manager <input type="checkbox"/> Other	BRANCH DESIGNATION (Choose One) <input type="checkbox"/> Niagara-Hamilton <input type="checkbox"/> Ottawa <input type="checkbox"/> Toronto <input type="checkbox"/> Western <input type="checkbox"/> Windsor-Detroit
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SOLO COMPETITION GRADE <input type="checkbox"/> Open <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5	PIOBAIREACHD COMPETITION GRADE <input type="checkbox"/> Professional <input type="checkbox"/> Senior Amateur <input type="checkbox"/> Intermediate Amateur <input type="checkbox"/> Junior Amateur <input type="checkbox"/> Novice
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Consent for Collection, Use and Disclosure of Information

I consent to the collection, use and disclosure of my personal information for the purposes of entering into Pipers' & Pipe Band Society of Ontario (PPBSO) competitions. I understand that the PPBSO collects this personal information in order to publish on its website my name and the competition that I am participating in, and to enter my personal information on its central database.

Signature _____

Parent or Guardian if under age 18