ACPBA 2024 Family Membership Form

Primary Contact Inform	iation				
Primary Contact Name:					
				AND ASSO	
Phone Number:					
*Email:					
Players:					
Name:	Pipe Band:		Activity:	Grade:	
Activity: Piper, Snare Drummer, Tenor Drummer, Bass Drummer, Judge, Executive Family membership rates if paid: Before January 1 st : \$25.00 After January 1 st , before April 1 st : \$35.00 After April 1 st : \$45.00 Cheques can be made payable to "Atlantic Canada Pipe		Beginner, Grad Grade 1, Open Submit men ACPBA Memba C/O John Mu 18 Avondale Dartmouth, N B2V 1H2 acpbamembe	acpbamembership@gmail.com		
*Please supply an emai	<u>il</u> address for the receipt of	f the ACPBA Memb	ership Cards.		
Please allow at least tw received and processed	o weeks for processing. Me by the Association.	emberships cannot l	oe processed ເ	until payment has been	
Consent to Release Info	rmation:				
mailing information to	permission for the Atlantic sanctioned highland games ication forms and is never t	. Mailing informatio		•	
Signature:					