



**Southern United States Pipe Band Association**  
**Membership Application**

This form is to be used by ALL competitors and members of the SUSPBA.  
*If you are affiliated with a band, please be certain that your band name and grade level are on this membership form.*

Your Pipe Major will submit the band roster.  
 All information below is required. Please type or print.

<b>First Name</b>		<b>Last Name</b>			
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Phone #</b>					
<b>Fax #</b>					
<b>E-mail</b>					
* email address is needed to receive SUSPBA news and updates.					

**Competitor Information**

<b>Instrument:</b>		<b>Piping grades 4 &amp; 5:</b>			
<b>Grade</b>	<input type="checkbox"/> Professional <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 - 29 & Under	<input type="checkbox"/> 5 - 29 & Under		
	<input type="checkbox"/> Amateur <input type="checkbox"/> snare drum - 4	<input type="checkbox"/> 4 - 30 & Over	<input type="checkbox"/> 5 - 30 & Over		
<b>Secondary Instrument</b>				<b>Grade</b>	
<b>Band</b>				<b>Band Grade</b>	

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

- I do give permission for the SUSPBA to provide my name, instrument and band affiliation on the SUSPBA website.
- I do give permission for the SUSPBA to release ALL of the above information to games committees who request it for distribution of entry forms.

All applications and fees must be submitted at least 30 days before a SUSPBA sanctioned competition. Please see SUSPBA Rules and Requirements for a complete set of competition rules.

**DUES: \$10.00**

**After 12/31/09 -- DUES Increase to \$15.00**

All applications and changes made during the season must be made in writing. Please make your check payable to SUSPBA and present with this application form.

Treasurer/Secretary - SUSPBA  
 Marge Longphee  
 162 Kensington Park Drive  
 Davenport, FL 33897

Membership cards will be available at SUSPBA sanctioned contests, or can be mailed to you by providing a self-addressed and stamped envelope with this application and fee.

**For Official Use:**

Date rcv'd \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ rcv'd \_\_\_\_\_ SUSPBA # \_\_\_\_\_