

Music Boosters of Geneva



*In support of the children and the music program
of the Geneva City School District*



c/o Geneva Middle School
101 Carter Road
Geneva, NY 14456
musicboostersofgeneva@gmail.com

Membership Form

Parent/Family Name: _____

Address: _____

Contact Information:

Home Phone: () _____ Cell Phone:() _____

Work Phone: () _____ Other: () _____

E-mail address: _____

What is the best way for us to contact you? _____

Name(s) of students involved in music in Geneva City Schools:

Student: _____ Grade: _____

Music Program: _____ Band _____ Choir _____ Color Guard _____ Other

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May we use your child(ren)'s pictures on our Facebook and/or Website? _____

Are you interested in volunteering with the Music Boosters of Geneva? _____ Yes _____ No

If yes, do you have particular areas of interest? (check all that apply)

_____ Fundraising _____ Web Design/Management _____ Event Coordination

_____ Alumni Relations _____ Committee Chair _____ Event Volunteer

_____ Public Relations _____ Membership _____ Other: _____

Membership Fee: \$5.00 _____ Cash _____ Check (payable to Music Boosters of Geneva)

Would you like to make an additional donation to the Music Boosters of Geneva? Amount: _____