



**The American Bandmasters Association
Application for Associate Membership**

Date: _____

Name of Firm/Organization/Individual Engaged in the Music Industry:

Business Description & History (Attach Supporting Materials): _____

Approximate Number of Years in Present Business: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Business Telephone: _____

Name of Representative to ABA: _____

Position of Representative: _____ Email: _____

Representative's Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Spouse's Name: _____

Representative's Biographical Data (Attach Supporting Material): _____

Associate Member Sponsor: _____ Date: _____

Attach recommendations from the Primary Associate Member Sponsor and at least two other Members or Associate Members:

Send the completed application and supporting materials to: Thomas V. Fraschillo, 11738 Big Canoe, Big Canoe, GA 30143

Date Received (Deadline for Application and Recommendations--February 1):

Date Approved by the Associate Member Committee:

